

Opioid Deaths Continue to Rise Despite Drop in Prescriptions

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STORY AT-A-GLANCE

- › Opioid overdoses are the leading cause of death for Americans under the age of 50
- › Back pain, wisdom tooth extraction and pain during pregnancy are common reasons for receiving an opioid prescription. As a result, many young adults and infants are unduly affected by drug addiction
- › Drivers killed in car crashes while under the influence of opioid drugs rose seven-fold between 1995 and 2015

Opioids kill patients more frequently than any other medication used for nonfatal conditions.¹ More than 107,000 Americans died from opioid overdoses in 2022, despite a 49.4% decrease in opioid prescriptions, compared to 2012.² Even more shocking, in 2017, opioid overdoses became the leading cause of death for Americans under the age of 50.³

More than half of all opioid prescriptions in the U.S. are also issued to patients suffering from anxiety and depression,⁴ despite the fact that this increases their risk for addiction. Overall, studies show addiction affects about 26% of those using opioids for chronic non-cancer pain.⁵

While back pain is one of the most common reasons for receiving a prescription for a narcotic pain reliever,⁶ a surprising number of people – especially teens and young adults – receive these potent drugs from their dentist. Women are also prescribed

opioids during pregnancy and after delivery,⁷ creating addicts in the womb and destroying families by creating drug-dependent mothers and infants.

Oral Surgeons and Dentists Are Major Opioid Prescribers

Oral surgeons and dentists, in particular, need to reconsider their prescribing habits. Each year, about 3 million Americans, most under the age of 25, have their wisdom teeth removed, and most if not all receive a prescription for opioids. This, despite research^{8,9} showing a combination of ibuprofen and acetaminophen actually works better than opioids for the treatment of pain following wisdom tooth extractions.

As previously noted by The New York Times,¹⁰ "dentists and oral surgeons are by far the major prescribers of opioids for people ages 10 to 19," and even short-term use is associated with future opioid misuse and addiction among teens and young adults.

In fact, children who receive an opioid have a 1 in 3 chance of "lifetime illicit use." According to research,¹¹ of the people who received a mere 12-day supply of an opioid, 1 in 4 were still taking the drug one year later, and that includes all age groups. Children and teens are at higher risk for continued use once they're exposed.¹²

Prescriptions Have Dropped, yet Overdose Deaths Continue to Climb

Over the past decade, the medical establishment has made significant strides to cut back on opioid overprescribing. According to the most recent data published in 2023,¹³ prescriptions have declined for 13 years in a row, dropping 49.4% between 2012 and 2022.

Yet despite this drop, deaths from drug overdoses continue to climb. According to the American Medical Association, this is "primarily due to illicitly manufactured fentanyl, fentanyl analogs, stimulants and other substances."

Fatal Car Crashes Linked to Opioid Use

Overdose deaths are not the only problem associated with opioid use. It's also causing people to die on our roadways. Statistics reveal that driving under the influence of drugs causes more fatal car crashes than drunken driving. The good news is that here, the drop in opioid prescriptions has had a positive effect.

According to a report^{14,15,16} compiled by the Governors Highway Safety Association and the Foundation for Advancing Alcohol Responsibility, prescription and/or illegal drugs were involved in 43% of fatal car crashes in 2015, while 37% involved illegal amounts of alcohol.

Another report¹⁷ found drivers killed in car crashes while under the influence of opioids specifically rose sevenfold between 1995 and 2015. Among male drivers killed, the prevalence of prescription narcotics in their system increased from 1% in 1995 to 5% in 2015. Among women, narcotic pain relievers were implicated in 1% in 1995 and 7% in 2015.

According to lead author Stanford Chihuri, staff associate in the department of anesthesiology at the College of Physicians and Surgeons at Columbia University Medical Center in New York, "The significant increase in proportion of drivers who test positive for prescription pain medications is an urgent public health concern."¹⁸

Co-author Dr. Guohua Li, professor of epidemiology at Columbia's Mailman School of Public Health, added,¹⁹ "The opioid epidemic has been defined primarily by the counts of overdose fatalities. Our study suggests that increases in opioid consumption may carry adverse health consequences far beyond overdose morbidity and mortality."

In 2016, the Centers for Disease Control and Prevention (CDC) released new guidelines for prescribing opioids, and a study by Yale researchers found that nonfatal car accidents involving prescription opioids significantly decreased from 2014 to 2018,²⁰ following the CDC's update.

Active opioid prescriptions among drivers involved in nonfatal crashes dropped annually during the study period, with a notable decrease by 49% in 2018 compared to 2014 levels. Unfortunately, the same trend is not seen when it comes to lethal car crashes. As noted in a 2019 study:²¹

"In this study of 36 642 drivers involved in 18 321 fatal 2-vehicle crashes, prescription opioid use as indicated by toxicological testing results was associated with a significantly increased risk of crash initiation, due in large part to failure to keep in proper lane.

Use of prescription opioids by drivers is increasingly implicated as a contributory cause in fatal motor vehicle crashes. The prevalence of prescription opioids detected in fatally injured drivers has increased markedly in the past 2 decades in the United States."

Avoid Driving Under the Influence of Narcotics

It's important to realize that illegal drugs are far from the only drugs capable of impairing your judgment behind the wheel. Hundreds of medications can impair your driving ability, including some sold over-the-counter. Opioids are certainly part of that list. Drugs – both prescription and illegal – in combination with alcohol is particularly risky.

So, please, if you absolutely must take a prescription painkiller, carefully assess your ability to drive safely. Ideally, let someone else drive. And, if you know someone who is using an opioid, remember that just as with alcohol, "friends don't let friends drive impaired."

Pain and Hopelessness Fuel Opioid Crisis

According to statistics, 60% of Americans are living with chronic illness,²² and many addiction specialists believe pain and hopelessness are driving the opioid crisis in the U.S. As noted in The Washington Post:²³

"A Post analysis of federal health data found that white women are five times as likely as white men, for example, to be prescribed drugs for anxiety in tandem with painkillers, a potentially deadly combination ...

According to federal health officials, nearly 1 in 4 white women ages 50 to 64 are [sic] being treated with antidepressants. Binge drinking is also on the rise, as women close the gap with heavier-drinking white males."

Limiting the availability of opioids and making overdose-reversal drugs (naloxone) and treatment for drug addiction more readily available are certainly part of the answer. But it's not enough. We have to take a much deeper look at the root of the problem. What is causing all this physical and emotional pain in the first place?

Clearly, the U.S. health care system is blatantly ineffective at treating chronic health problems. Whether ill health is promoting hopelessness or the other way around is difficult to ascertain, but the two appear to be closely intertwined and need to be addressed together.

Somehow or another, we need to refocus our efforts to create lives worth living, and improve access to and information about basic disease prevention, such as healthy foods and foundational health-promoting lifestyle strategies.

Nondrug Solutions for Pain Relief

It's important to realize that in addition to the risk of addiction, opioids can also severely impair your health by suppressing your immune function. In fact, several studies show that one primary risk for HIV and AIDS is opiate exposure.^{24,25,26,27} In cancer patients, opiates have a tendency to produce a rapid decline in health as the drug causes their immune system to falter.

So please remember, opiates are highly immunosuppressive drugs that raise your risk of any number of diseases, as your immune system is your frontline defense against all disease. It's particularly important to avoid opioids when trying to address long-term chronic pain, as your body will create a tolerance to the drug.

Over time, you may require greater doses at more frequent intervals to achieve the same pain relief. This is a recipe for disaster and could have lethal consequences. Following is information about nondrug remedies, dietary changes and bodywork interventions that can help you manage your pain.

Take a high-quality, animal-based omega-3 fat — Omega-3 fats are precursors to mediators of inflammation called prostaglandins. (In fact, that is how anti-inflammatory painkillers work, by manipulating prostaglandins.)

Good sources include wild-caught Alaskan salmon, sardines and anchovies, which are all high in healthy omega-3s while being low in contaminants such as mercury. As for supplements, my favorite is krill oil, as it has a number of benefits superior to fish oil.

Optimize your sun exposure and production of vitamin D — Optimize your vitamin D by getting regular, appropriate sun exposure, which will work through a variety of different mechanisms to reduce your pain. Sun exposure also has anti-inflammatory and pain-relieving effects that are unrelated to vitamin D production, and these benefits cannot be obtained from a vitamin D supplement.

Red, near-, mid- and far-infrared light therapy (photobiology) and/or infrared saunas may also be quite helpful as it promotes and speeds tissue healing, even deep inside the body.

Medical cannabis — Medical marijuana has a long history as a natural analgesic and is now legal in 29 U.S. states. You can learn more about the laws in your state on medicalmarijuana.procon.org.²⁸

Emotional Freedom Techniques (EFT) — **EFT** is a drug-free approach for pain management of all kinds. EFT borrows from the principles of acupuncture in that it helps you balance out your subtle energy system.

It helps resolve underlying, often subconscious, and negative emotions that may be exacerbating your physical pain. By stimulating (tapping) well-established

acupuncture points with your fingertips, you rebalance your energy system, which tends to dissipate pain.

K-Laser, class 4 laser therapy – If you suffer pain from an injury, arthritis or other inflammation-based pain, consider trying K-Laser therapy. It can be an excellent choice for many painful conditions, including acute injuries. By addressing the underlying cause of the pain, you will no longer need to rely on painkillers.

K-Laser is a class 4 infrared laser therapy treatment that helps reduce pain, reduce inflammation and enhance tissue healing – both in hard and soft tissues, including muscles, ligaments or even bones. The infrared wavelengths used in the K-Laser allow for targeting specific areas of your body and can penetrate deeply into the body to reach areas such as your spine and hip.

Chiropractic – Many studies have confirmed that chiropractic management is much safer and less expensive than allopathic medical treatments, especially when used for pain such as lower back pain.

Qualified chiropractic, osteopathic and naturopathic physicians are reliable, as they have received extensive training in the management of musculoskeletal disorders during their course of graduate health care training, which lasts between four to six years. These health experts have comprehensive training in musculoskeletal management.

Acupuncture – Research has discovered a "clear and robust" effect of acupuncture in the treatment of back, neck and shoulder pain, and osteoarthritis and headaches.

Physical therapy – Physical therapy has been shown to be as good as surgery for painful conditions such as torn cartilage and arthritis.

Foundation training – Foundation training is an innovative method developed by Dr. Eric Goodman to treat his own chronic low back pain. It's an excellent alternative to painkillers and surgery, as it actually addresses the cause of the problem.

Massage — A systematic review and meta-analysis published in the journal *Pain Medicine* included 60 high-quality and seven low-quality studies that looked into the use of massage for various types of pain, including muscle and bone pain, headaches, deep internal pain, fibromyalgia pain and spinal cord pain.²⁹

The review revealed massage therapy relieves pain better than getting no treatment at all. When compared to other pain treatments like acupuncture and physical therapy, massage therapy still proved beneficial and had few side effects. In addition to relieving pain, massage therapy also improved anxiety and health-related quality of life.

Mind-body methods — Methods such as hot and cold packs, aquatic therapy, yoga, cognitive behavioral therapy³⁰ and various mind-body techniques, including meditation and mindfulness training can also result in astonishing pain relief without drugs.

For example, among volunteers who had never meditated before, those who attended four 20-minute classes to learn a meditation technique called focused attention (a form of mindfulness meditation) experienced significant pain relief — a 40% reduction in pain intensity and a 57% reduction in pain unpleasantness.³¹

Grounding — Walking barefoot on the earth may also provide a certain measure of pain relief by combating inflammation.

Astaxanthin — Astaxanthin is one of the most effective fat-soluble antioxidants known. It has very potent anti-inflammatory properties and in many cases works far more effectively than anti-inflammatory drugs. Higher doses are typically required and you may need 8 milligrams (mg) or more per day to achieve this benefit.

Ginger — This herb has potent anti-inflammatory activity and offers pain relief and stomach-settling properties. Fresh ginger works well steeped in boiling water as a tea or grated into vegetable juice.

Curcumin – In a study of osteoarthritis patients, those who added 200 mg of curcumin a day to their treatment plan had reduced pain and increased mobility. A past study also found that a turmeric extract composed of curcuminoids blocked inflammatory pathways, effectively preventing the overproduction of a protein that triggers swelling and pain.³²

Boswellia – Also known as boswellin or "Indian frankincense," this herb contains specific active anti-inflammatory ingredients.

Bromelain – This enzyme, found in pineapples, is a natural anti-inflammatory. It can be taken in supplement form but eating fresh pineapple, including some of the bromelain-rich stem, may also be helpful.

Cetyl myristoleate (CMO) – This oil, found in fish and dairy butter, acts as a joint lubricant and anti-inflammatory. I have used this for myself to relieve ganglion cysts and carpal tunnel syndrome. I used a topical preparation for this.

Evening primrose, black currant and borage oils – These contain the essential fatty acid gamma-linolenic acid (GLA), which is particularly useful for treating arthritic pain.

Cayenne cream – Also called capsaicin cream, this spice comes from dried hot peppers. It alleviates pain by depleting the body's supply of substance P, a chemical component of nerve cells that transmits pain signals to your brain.

Low-dose naltrexone (LDN) – Naltrexone is an opiate antagonist, originally developed in the early 1960s for the treatment of opioid addiction. When taken at very low doses (LDN, available only by prescription), it triggers endorphin production, which can boost your immune function and ease pain.

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