

Opioid or Heroin/Carfentanyl Crisis?

Honorable Mo Brooks
Meeting with Jeff Edney
6 August 2018

Highlights of my June 2018 letter to US Congress

- Prepared a solid case for why government over-reach and large government is counterproductive to solving the real problem of illegal street drugs, pushers, and addicts.
- Arbitrary one size fits all 90 mme limit does not account for different opioid absorption, doesn't account for different metabolism of medicines, doesn't account for different body weights, doesn't account for number and severity of diseases, and clearly doesn't account for time of exposure that over time requires slow to moderate escalation of dosages until a stability point is reached.
- Paper provided 21 citations for deeper study to convince yourself that we have 2 problems – a crisis of illegal heroin and Carfentanyl killing young people, and a crisis of government reacting by applying socialized healthcare as the holy grails to solve all medical problems, thus reducing patients to the lowest common denominator that the GOP used to be on guard against. The GOP and DNC are both guilty of thinking the federal government solves problems. Where is personal accountability for your actions?
- Meanwhile, our senior citizens, our disabled Americans, our cancer patients and others with severe chronic health conditions are being stripped of their last resort to manage pain, and so turn to either suicide or street drugs, or live in perpetual torture that I sadly understand all too well.
- Those who don't die immediately live a bedridden life of complete dependency on their spouse that degrades a functioning family unit into dependent adults, and which could send us back into another great depression.
- My problem has recently been solved. I battle on for those too ill to fight for themselves.

Jeff Edney Bio and Medical Case

- 54 year married 30 years with 20 year old pre-med son
- Former Director of Engineering and former Electronics Design Engineer
- Held many USG clearances continuously from 1988 to 2016
- Disabled since 2015 from spinal cord damage, severe arthritis, osteoarthritis of hips, knee, spine, feet, and right thumb and CHRONIC PAIN
- Dosage was 255 MME back in 2001, but I stopped all pain medicine in 2002 when new arthritis medicine got pain under control but I was forced back on painkillers in 2012. I've been on stable dose of 165 MME since December 2016 and it works!
- Data I collected demonstrate opioids continue to work as well now for me as they ever did. Opioids have NOT lost efficacy and don't cause side effects for me.
- My professionally assessed opioid abuse risk score is 0% . I have no history of any form of addiction, and I have proven ability to get off pain medicine on my own without decree or even assistance by government or even a physician if I don't need it.
- Like most, I first tried many steroid injections, nerve blocks, hip surgery, knee surgery, spine surgery, physical therapy, NSAIDs. I'm a very proactive patient.
- I had to switch pain management to my GP due to DEA pressure on pain clinics, including threats and harassment. Many have retired, making problems worse.

The scope of the problem

- 42,000 deaths in 2016 due to opioids
 - 17,087 were from prescription opioids so most were from heroin and illegal carfentanyl
 - 100 million live in chronic pain, 25.8 in severe pain
 - That is 0.018% who die, and 99.983% who are successful in use of opioids, and that 0.018% includes intentional suicides and thieves who steal and consume opioids
- 41,000 die each year from second hand smoke, 480,000 from direct tobacco use
 - No prescriptions required, no monthly doctor visits, no urine drug screens, no expensive copays
- When did the GOP become the party advocating for socialized medicine and government overreach?
- Why do 17-42,000 drug addicts who shoot heroin & take illegal fentanyl apparently count MORE than the 100 million law abiding citizens with struggle with legitimate chronic pain?
- Think how many voters, once educated regarding the fabricated “opioid crisis” will elect whoever champions their cause? The midterm elections and balance of power could hang on this one single issue.

Alliance for Treatment of Intractable Pain (ATIP)

- National PhD advocate and former key DoD Engineer is leader and is a major advocate.
- See paper “What policy makers need to know about American’s Opioid Crisis”
- Found zero correlation between opioid prescribing and overdose deaths in 2016. ZERO.
- Every ponder why opioid deaths spiral higher while opioid prescribing has been dropping for 6 years?

<http://face-facts.org/atip/>

Key National Pain Experts

- Stefan Kertesz, Professor of Medicine at University of Alabama School of Medicine, authored a paper that was signed by over 200 pain experts of Medicare's plan to cut back opioids.

<https://gizmodo.com/doctors-are-protesting-medicare-change-that-would-let-p-1823544391>

<https://www.healthaffairs.org/action/showDoPubSecure?doi=10.1377%2Fhblog20180117.832392&format=full&>

<https://www.statnews.com/2017/02/24/opioids-prescribing-limits-pain-patients/>

- Thomas Kline, MD, pHD

<https://medium.com/@>

[ThomasKlineMD/when-does-pain-treatment-become-protected-palliative-care-treatment-339d29024b57](https://medium.com/@ThomasKlineMD/when-does-pain-treatment-become-protected-palliative-care-treatment-339d29024b57)

- Pharmacist Steve Ariens

<http://nationalpainreport.com/author/sariens>

CDC Guidelines – Scope and limits

- CDC never recommended that opioids not be used in chronic pain
- Scope of guidelines stated they were for the general practice physician and intended to help in the absence of a pain specialist.
- Pain management specialists were never supposed to be restricted.
- Palliative care patients, defined as people with serious health conditions (not HOSPICE patients) were excluded from limits.
- GUIDELINES were enacted after Obama fired former CDC director allegedly for refusal to post ANY limits out of fear that GUIDELINES would be improperly enacted as LAW.
 - Time proved concern was well founded as States did this!
 - <http://thehill.com/business-a-lobbying/382575-doctors-bristle-at-push-for-opioid-prescription-limits>

CDC Guidelines misapplied by States

- States took the 90 MME “GUIDELINE” at which point a GP was supposed to merely consult with a Pain Management doctor about appropriateness of higher dosages and implement risk management protocols and made them hard limits regardless of individual circumstances including opioid absorption, individual disease severity, amount and type of pain, and long term exposure to medicine.
- <https://www.athenahealth.com/insight/infographic-opioid-regulations-state-by-state>
- https://ballotpedia.org/Opioid_prescription_limits_and_policies_by_state
- <https://www.affirmhealth.com/blog/safety-in-numbers-morphine-milligram-equivalents-mme>
- <https://www.mainemed.com/opioid-law-q>

Problems with CDC guidelines Part 1

- Guidelines violated standards for scientific research
 - <https://www.acsh.org/news/2017/03/25/cdc-opioid-guidelines-violate-standards-science-research-11050>
- Guidelines refuted with Scientific Evidence
 - <https://edsinfo.wordpress.com/2016/09/08/cdc-guidelines-refuted-with-scientific-evidence/>
- CDC overstates deaths from opioid prescriptions
 - <https://www.cato.org/blog/cdc-researchers-state-overdose-death-rates-prescription-opioids-are-inaccurately-high>
- FDA reports quality problems with opioid data sources
 - <https://www.fda.gov/Drugs/DrugSafety/ucm607823.htm>
- Opioid prescriptions uncorrelated with overdose deaths.
 - <https://reason.com/blog/2018/05/14/opioid-death-rates-are-not-correlated-wi>
 - <https://bangordailynews.com/2018/04/11/health/despite-decline-in-prescriptions-opioid-deaths-skyrocketing-due-to-heroin-and-synthetic-drugs-study-finds/>

Problems with CDC Guidelines Part 2

Seen as a disaster by patients

<https://www.painnewsnetwork.org/stories/2018/7/9/pain-patients-tell-fda-to-fix-cdc-guideline>

Rx limits opposed by American Medical Association

<https://www.beckershospitalreview.com/opioids/ama-opposes-opioid-prescription-limits-5-things-to-know.html>

Legality of Guidelines contested

[https](https://www.practicalpainmanagement.com/resource-centers/opioid-monitoring-2nd-ed/legal-interpretation-cdc-opioid-prescribing-guidelines)

[://www.practicalpainmanagement.com/resource-centers/opioid-monitoring-2nd-ed/legal-interpretation-cdc-opioid-prescribing-guidelines](https://www.practicalpainmanagement.com/resource-centers/opioid-monitoring-2nd-ed/legal-interpretation-cdc-opioid-prescribing-guidelines)

Guidelines hurt our brave Veterans as well as private citizens

[https://](https://www.johnsoncitypress.com/Courts/2018/07/17/Veteran-s-lawsuit-over-VA-Medical-Center-opioid-policy-set-for-trial)

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[ial](http://nationalpainreport.com/cdc-opioid-prescribing-guideline-unintentional-consequences-8836710.html)

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Political Agenda of Opioids

- PROP started this back in early 2000's timeframe
 - Possible motive to profit from rehab clinics
 - Andrew Kolondny may have acted out of greed

<https://www.mdmag.com/journals/pain-management/2012/october-november-2012/just-how-responsible-is-prop>
- President Obama started political “crisis” and it seems he intended:
 - To protect the 42,000 addicts over the legitimate pain victims.
 - Was not concerned with the innocent 100 million law abiding chronic pain patients who did nothing to bring this on themselves

<https://www.asam.org/resources/publications/magazine/read/article/2015/12/14/president-obama-announces-efforts-to-address-opioid-epidemic>
- Some politicians seem to care more about a 20 year old heroin addict than a 92 year old combat veteran (who died 2 weeks after being switched from opioids to NSAIDS from sudden stomach ulceration).
- President Trump was coerced into action regarding the “opioid crisis”

<https://www.vox.com/policy-and-politics/2018/1/31/16954958/trump-warren-murray-opioid-epidemic-gao-letter>

Impacts of CDC Guidelines on Chronic Pain Patients

- Quality of Life is destroyed as untreated pain causes frequent fights and short tempers
- Divorce of pain victims creates single parent homes.
- More people are forced into criminals and black market drug addicts.
- US Suicides are up 30% in the decade.
- Many will soon or have already applied for social security disability because without pain relievers, they cannot function.

<https://www.medscape.com/viewarticle/897804>

<https://www.medscape.com/viewarticle/898272>

<https://www.politico.com/story/2018/05/08/opioid-epidemic-consequences-502619>

<https://www.nytimes.com/2018/03/27/health/opioids-medicare-limits.html>

Letters (and cases) from Pain Patients

- **Current options**

- Live in perpetual torture until your death
- Commit suicide
- Resort to illegal street drugs
- Emigrate to British Columbia, Portugal, or 3rd world countries superior in this way to the USA
 - British Columbia reversed course after seeing unintended consequences of increased disability, suicides, or increased health expenditures
 - Portugal's overdose death rate DECLINED when they decriminalized opioids (didn't legalize like we are doing with marijuana)

Conclusions

- The United States has a heroin and Carfentanyl crisis, not a opioid prescription drug crisis. Opioids existed long before Purdue Pharma claimed to have the holy grail.
- Liberals are more concerned with young addicts than law abiding citizens including the disabled, the elderly, wounded veterans, victims of genetic disease or severe auto accidents.
- PROP and the liberals stood to make a fortune by deceiving the USG about the scope and facts of this manufactured crisis, and there may be evidence worthy of prosecution against Andrew Kolondy
- Millions are headed toward disability if opioid medicines are not reversed. Can we afford another 10 million needless additions to our disability receipts? Can we afford to raise families with one parent when the other commits suicide? Is the GOP prepared to feel the wrath of voters who will believe it was a GOP initiative to rid the US of pain medicines to save addicts and torture legit patients?
- How well has the ever tightening USG grip on opioid prescriptions worked in stopping overdose deaths, or has it only made the problem worse by turning law abiding patients into criminals and fueled rebirth of drug cartels?
- States do not have the expertise to pass sound legislation, out of scope and against the warnings of the CDC director that Obama fired for standing against any MME limit.
- The Fall 2018 mid-term election could swing based on this number one issue for 100 million pain victims and all their friends and family as well!

Recommendations

- Review the CDC guidelines more closely and understand the factual criticisms of those poorly written guidelines.
- Force the CDC to repeal the 90 MME limit as too dangerous and easily misunderstood by States, a weaponized Liberal “Guideline”
- Order the DEA to cease and desist in intimidating pain physicians and GPs into cutting or dropping patients with ample documentation of legitimate sources of severe pain.
- Investigate and if indicated prosecute Andrew Kolondy for outright fraud against the USG.
- Go after the real source of the overdose deaths – growing drug cartels that sell heroin laced with Carfentanyl which is 100 times stronger than legally prescribed Fentanyl.
- Define palliative care per the CDC opioid prescribing guideline and pass a federal law that guidelines don’t apply to palliative (patients with severe health conditions that correlate to chronic pain), then exempt palliative care patients from any and all Federal or State “one size fits all” opioid limits for legitimate patients
- Help addicts through legislation aimed to help them without harming legitimate pain patients by removing street drugs while making legal opioids available again without government micromanagement.
- Expedite medical research to find alternative pain relievers, make sure they are equally safe and effective before allowing them onto the market, and most importantly, don’t remove opioids that have hundreds of years of beneficial use.
- Expose this liberal conspiracy and win millions of pivotal voters who can ensure the GOP / Conservative control of our Federal Government.
- Use the media to communicate the message that pain pills aren’t the problem, people are being tortured or dying as a result of suicides due to inescapable pain, and change the narrative away from only being concerned for addicts to being balanced in concern for chronic pain patients
- Consider passing a United States Chronic Intractable Pain Patient Bill of Rights (doesn’t have to be an amendment to the US Constitution).