

Over-Medicating

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Forerunner, "WorldWatch," July-August 2017

Despite enjoying the planet's highest standard of living and representing only five percent of its population, Americans consume half of the world's pharmaceutical drugs, including nearly eighty percent of the global opioid supply. Add in Canada and Western Europe, and their combined opioid consumption increases to a staggering ninety-five percent of the world's inventory.

In a recent speech, President Donald Trump declared the United States to be in the throes of a prescription-drug crisis. "This epidemic is a national health emergency," the president claimed, adding, "As Americans, we cannot allow this to continue." His speech noted:

- » Annual deaths from drug overdoses now outnumber those from traffic crashes or shootings, becoming the foremost cause of injury death in the U.S.
- » Over 300,000 Americans have died from opioid overdoses since 2000.
- » In 2015 alone, there were over 52,000 drug overdose deaths, with better than 33,000 of those involving the use of opioids.
- » In 2016, over two million Americans were addicted to prescription or illegal opioids.
- » Drug-overdose deaths in 2016 are estimated to be over 64,000.

Even worse, in 2014, an additional 124,000 people died in the U.S. due to "adverse drug effects." These are injuries caused, not by abuse or overdose, but by unexpected, harmful reactions that occur with the normal use of a single medication or when a patient takes more than one prescription drug.

Sadly, for 2017, most experts expect yet another increase in drug-related deaths.

Why are American doctors prescribing so many dangerous pills, and why are their patients so eager to consume them? Are these medications providing for the health and welfare of the patient, or have the leading pharmaceutical companies—that is, Big Pharma—simply replaced the street-corner drug dealers of decades past?

A common criticism of Western-style medicine is that it tends to emphasize symptomology and pain mitigation over the treatment, healing—or even prevention—of the underlying causes of disease. It is far too easy for an overworked doctor to write a hurried prescription for a drug that will provide immediate relief to the patient, especially in light of the enormous efforts of Big Pharma to promote (or push) the latest and most profitable drugs.

In addition, a recent survey by the National Safety Council indicated that up to 99 percent of physicians exceed recommended dosage limits—commonly prescribing ten times the recommended amount—when writing prescriptions for pain and anxiety relief. According to Surgeon General Vivek Murthy, "The majority of . . . misused prescription opioids are coming from legally written prescriptions."

Most Americans have health insurance or adequate resources for drug purchases. Since many drug formulations—particularly opioids for pain and benzodiazepines for anxiety relief—provide patients a temporary feeling of well-being or even euphoria, then most patients become an easy mark for exploitation. The doctor expends little time or energy, the patient feels better quickly, and Big Pharma rings up another sale—everybody wins! That is, until the patients start experiencing adverse effects.

Efforts to combat the prescription-drug epidemic proliferate but with little success, so far. The Centers for Disease Control and Prevention recently issued stricter guidelines for prescribing pain medications but did so in the form of non-mandated guidelines that doctors and patients can easily choose to ignore.

Bona fide reform will require an extensive paradigm shift in the healthcare and pharmaceutical industries and in the expectations of many patients. Absent that, concerned observers hope, at least, for legislation to impose meaningful restrictions on Big Pharma and the prescriptive practices it encourages, along with weightier penalties for abuse. But as long as the public demands medicated relief and Big Pharma seeks more profits that it is willing to share with complicit doctors and legislators, the outlook for long-term reform is bleak.