



THE
UNITED STATES

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OPI  **IDS**

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A PRESCRIPTION FOR
LIBERATING A NATION IN PAIN

HARRY NELSON

FOREWORD BY LISA MARIE PRESLEY



“the best way out is always through.”

—Robert Frost

“Do not despair of our present difficulties but believe always in the promise and greatness of America, because nothing is inevitable here. Americans never quit.

We never surrender. We never hide from history. We make history.”

—John S. McCain

Dedicated to my children, Ami, Noa, Aiden, and Leila. May you realize your capacity to take on challenges not only in the lives of the people close to you, but in the world around us and bring healing in the process.

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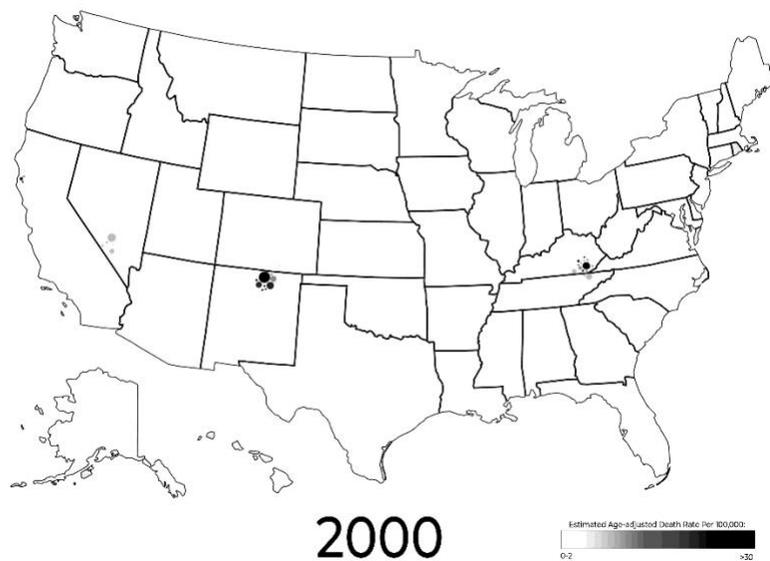
Acknowledgments

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Opioid Overdose Deaths: Visualizing a Nation in Pain¹



¹ The data depicted in these images is based on the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) publications, "Drug Poisoning Death Rates by County" for the respective years. Current and more detailed information including CDC's Data Visualization Gallery is available at <https://www.cdc.gov/nchs/data-visualization/drug-poisoning-mortality/index.htm>

11,000 overdose deaths nationwide attributed to overprescribing, abuse of



2005

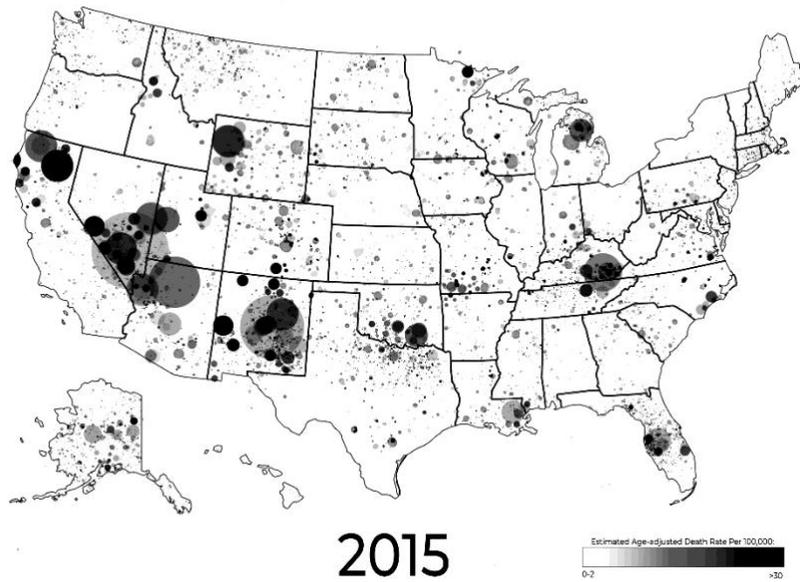
OxyContin

15,000 overdose deaths nationwide as "hot zones" emerge across the country



2010

20,000 overdose deaths as heroin fills the void after an overprescribing crackdown



33,000 overdoses as illegal sources of fentanyl drive an accelerating death toll

Foreword

Lisa Marie Presley

When Harry first approached me about contributing to *The United States of Opioids: A Prescription for Liberating A Nation in Pain*, I was ambivalent. I had never openly spoken in public about my own addiction to opioids and painkillers. I wasn't sure that I was ready to share on such a personal topic.

Then, in August 2018, I decided that it was time. I was on *The Today Show* to promote my latest album, *Where No One Stands Alone*, a tribute to my father. Jenna Bush Hager asked me a direct question in the interview about addiction. The timing was no accident. I decided to share. It wasn't easy to talk about such a painful topic, but I decided it was too important not to speak out. "I'm not perfect," I said. "My father wasn't perfect, no one's perfect. It's what you do with it after you learn and then you try to help others with it."

The realization that led me to share my experience publicly on this topic and to contribute this foreword was this desire to help other people. As I write this, I think of my four children, who gave me the purpose to heal, and the countless parents who have lost children to opioids and other drugs. Across America and the world, people are dying in mind-boggling numbers because of opioid and other drug overdoses. Many more people are suffering silently, addicted to opioids and other substances. I am writing this in the hope that I can play a small part in focusing attention on this terrible crisis.

I experienced firsthand how hard it is to cut through all of the bad information out there to get help. We all need to educate ourselves and the people around us on the dangers of opioids and other drugs, and understand what we can do to keep ourselves and the people we love safe. In writing *The United States of Opioids*, Harry has provided not just a must-read account of the story of the opioid crisis, but essential tools that all of us can use to prevent more harm and intervene in the lives of everyone around us who needs help.

Whether you are a person struggling with opioids yourself, or a parent worried about your children or friends and family, the first challenge is getting access to good information. The opioid crisis is not happening to other people. It is not only a problem for doctors and addiction treatment professionals. Harry has taken lessons learned working inside our health system and distilled them into practical tools to drive positive change.

A separate challenge is the issue of shame. We live in a culture of shame that keeps us afraid of being honest about what we are dealing with. We are embarrassed to be vulnerable. We are so afraid of being stigmatized, of being judged, that we do not talk about what's really going on. We allow shame to prevent us from reaching out for help.

This is a unique challenge for people living with fame. I have seen it up close with too many people I have loved. I have experienced it myself. It is hard to understand what exactly is going wrong. How much of this crisis is about people in pain? Drug companies? Doctors now knowing what they are doing? I have seen too many times the tragic consequences of drugs taking people from us, too soon. What I know is that, at one and the same time, the danger is avoidable, and yet

none of us are immune from it. Acknowledging that we are all at risk is a not a measure of weakness, but of honesty.

You may read this and wonder how, after losing people close to me, I also fell prey to opioids. I was recovering after the birth of my daughters, Vivienne and Finley, when a doctor prescribed me opioids for pain. What makes opioids so dangerous is their addictiveness. It only took a short-term prescription of opioids in the hospital for me to feel the need to keep taking them.

It was a difficult path to overcome this dependence, and to put my life back together. Even in recent years, I have seen too many people I loved struggle with addiction and die tragically from this epidemic.

It is time for us to say goodbye to shame about addiction. We have to stop blaming and judging ourselves and the people around us.

We need to do what we can, to use our resources and creativity to overcome this problem. That starts with sharing our stories. It is time that we do so and that we dedicate ourselves to doing what we can to prevent more people from dying, and to support the people around us who are living with addiction.

Where do we go from here? Harry has written a powerful book that is a starting point. *The United States of Opioids* is a call to action and tangible steps that we can all take. Harry delivers insights into the challenges facing our health system—doctors, hospitals, and addiction treatment providers—but also offers steps that we can all take as parents and with everyone else in our lives. This message is essential and timely. I hope that you will join in the work of taking on the opioid crisis.

I am grateful to be alive today, and to have four beautiful children who have given me a sense of purpose that has carried me through dark times. If you are reading this, I hope that you are able to join me in feeling that same sense of gratitude and purpose in your life. If you are not, I hope that you will use *The United States of Opioids* to find the strength and the help that you need, and to get to a place of strength and support. —Lisa

Introduction

This is personal.

In 2009, the drug overdose story of the year was Michael Jackson. He had taken a lethal mix of opioids, benzodiazepines (highly addictive anti-anxiety medications and sedatives that are a frequent complicating factor in many overdoses), and the anesthetic propofol, injected to force sleep. The doctor in charge when Jackson died, Conrad Murray, was arrested and charged criminally. As a healthcare lawyer who has worked with many doctors involved in opioid issues, I found myself taking calls from several other doctors who had also treated Jackson and were worried they'd be investigated next. The first doctor to reach me was beside himself. He told me he'd prescribed painkillers to Jackson under false names to protect his famous patient's privacy.

These calls fit a pattern: doctors were second-guessing whether they had given the celebrity too much leeway and applied relaxed standards in prescribing. Critical documentation to justify the prescription was missing. My job was to help the doctor understand what questions to expect from the medical board, and to strategize about how to take accountability and respond when the medical board and the Drug Enforcement Administration (DEA) investigated.

I tried to reassure this doctor that it wouldn't be the end of the world; no matter what mistakes he had made, there was still a chance to express remorse, demonstrate self-awareness, and establish that he took compliance seriously. I

told the doctor that I'd been down this path many times, and that he needed to take a deep breath and not panic. After nearly an hour on the phone, he seemed calmer and made an appointment to come into the office the next afternoon.

He didn't show up for our appointment. I had a feeling something was wrong. Sure enough, I got the news a few days later: he had been found dead after having taken a lethal dose of opioids, ending his own life.

Even now, nearly a decade later, I think about this doctor frequently. It wasn't even a story that made the newspaper. This doctor was just one more faceless victim of the massive crisis we all now face.

Closer to home, I have watched three close friends, whose kids are just a few years older than mine, struggle with addiction and recovery, relapses and setbacks, and the continual challenge to stay clean. The most painful stories, of course, are of kids—and adults—who aren't coming back. I think of Mark, a twenty-year-old whose parents got him into treatment. He took off a few weeks later, leaving the treatment program to use again. After spending days looking for him, his parents finally found him living on the street, and persuaded him to try again to get clean. He seemed ready. The last thing he decided to do before resuming treatment was to use up the last of his stash. It would turn out to be the last thing he ever did: he overdosed and died en route to the hospital.

There is no single pattern to the lives ended or disrupted by this crisis. The risks cut across socioeconomic, age, race, ethnicity, and geography. The victims of this crisis are as likely as not to have been raised in loving, stable homes. Sometimes,

their stories begin with something medical—a surgery or a condition involving pain leading to medication. Sometimes, they expand the circle of addiction by sharing these highly addictive medications with friends and relatives. Sometimes, their stories are as simple as someone feeling lonely and isolated and self-medicating away the anxiety.

These stories have come together not only in an incomprehensible and steadily climbing overdose death toll—the face of the crisis—but also in countless numbers of people struggling without solutions for their pain and without options to treat addiction effectively. I write this book in the hope that, together, with a deeper understanding of the underlying challenge and the options ahead of us, we can stem the tide, save lives, and improve care for people struggling with pain and for people living with addiction.

Before we can solve the opioid crisis, we all need to understand it—not just policy wonks, doctors, and law enforcement, but also educators, employers, parents, and peers. We need to come to terms with the people and problems whose care we have ignored. We need to come to terms with the gaps in our treatment of addiction, which are a legacy of treating addiction as an issue separate and distinct from the rest of healthcare. Ultimately, we need to address and fix the culture of shame that prevents so many people from getting the help they need.

I also hope this book will help guide the many people suffering personally and watching uncertain what to do as loved ones, children, and friends struggle. I believe we all have a role to play in addressing this challenge.

This is very, very frustrating.

I've learned a lot about the history of opioids, pain medicine, and addiction treatment over my 25 years as a healthcare lawyer. With lawsuits continuing to pile up against drug manufacturers and the story still unfolding, I didn't set out to write the definitive opioid crisis history, but rather to try to do something about a problem that I fear is going to get much worse.

I've had a front-row seat as the opioid crisis has unfolded because my clients—mostly healthcare providers and life sciences companies—have brought me their hardest problems to solve. Drug treatment programs reeling from patient overdoses or being stonewalled by insurance companies ask for guidance on how to turn their operations around. Telehealth ventures and developers of new drugs and devices bring their cutting-edge technologies, seeking guidance on how to persuade state and federal regulators to bless their new approaches.

While I have learned so much from this vantage point, the specific legal problems I and other lawyers in my firm solve are mostly confidential. Clients who hire us to address big challenges don't necessarily want us to publicize our successes, since most people didn't know there were even problems that needed to be solved. Similarly, clients working on new technologies don't want competitors to learn what they're working on.

While working in secret is part of the responsibility of being a lawyer, the growth of the opioid crisis over the past two decades led me to the perspective that I had to find a way to do something to share critical information. More and more of my

clients were affected, directly or indirectly, by opioids. I worked closely with doctors who fell prey to the addictive power of opioids themselves. I worked with pharmacies and other providers who were clueless about their responsibilities with regard to opioids. As an expert on healthcare regulatory issues, I was going crazy watching complicated legal problems get in the way of tackling this crisis. It was this frustration, as well as my keen professional and personal interest in the subject, that first inspired me to delve into the fascinating and deeply disturbing history behind this crisis. I write this book with a handful of personal stories (shared with permission) and many insights gleaned from seeing the distinct moving pieces in this unfolding story.

This is for you. Because we are all affected.

In the chapters in this book, I guide you through the opioid crisis, offering a detailed narrative followed by “takeaways” summing up key points.

Ultimately, I take a final hard look at the big picture and end up, in spite of everything, with a clear-eyed message of hope—a prescription for liberating a nation in pain.

Chapter One begins with understanding how the crisis has unfolded over the past two decades in three “waves” of death by opioid in the US, as total overdose deaths reach unfathomable numbers. It is important to understand how the current crisis combines legal and illegal sources of opioids, as well as how the response to the crisis on the ground has emerged slowly address the crisis.

If, like many Americans, you're uncertain what exactly an opioid is and how many varieties of opioids there are, **Chapter Two** has the answers you need. You'll also find out why opioids are so addictive, and how they kill people.

The history of opioid use and abuse in the US is convoluted and full of intrigue, reflecting the growing pains of the nation from its founding to present day, with a national crackdown in the early 1900s holding many lessons for today. **Chapter Three** explores this history of regulatory efforts that set the stage for the current crisis.

Large pharmaceutical companies have pushed hard to sell the opioids they manufacture, with a singular role played by Big Pharma villain Artie Sackler and his company, Purdue Pharma. Was the price they paid when found guilty of FDA violations fair? **Chapter Four** looks at this sorry history.

Doctors have been singled out for blame in overprescribing opioids, accused of fueling the crisis. **Chapter Five** assesses the various points of health system failure, as we have gone from designating pain as a "fifth vital sign" to making doctors and hospitals reluctant to treat patients in pain.

Though it's easy to point fingers at Big Pharma and overprescribing doctors, there are other underlying causes fueling the drive to consume opioids, and I explore them in **Chapter Six**. Behavioral health issues run wide and deep in the US, as do consumerism, a demand for instant gratification, and the allure and dangers of social media. Is the opioid crisis attributable to a breakdown in social and spiritual connections and a loss of hope?

With one in ten American adults addicted to opioids and other drugs, how is it that so little attention is paid to the lack of access to effective addiction treatment? **Chapter Seven** looks at the history of addiction treatment and the work ahead as treatment and recovery have begun to be integrated into US healthcare and as insurance has factored into the picture. We also explore the unique challenge of predatory practices by those seeking to profit on the availability of funding for addiction treatment.

It's nearly impossible to avoid the subject of cannabis deregulation and psychedelics within the context of a book about drug use and abuse. Acknowledging the inevitable, I tackle the multipronged question of how they fit into the opioid picture in **Chapter Eight**.

What work is already underway to respond to the opioid crisis? Is it helping? In **Chapter Nine** I've organized these priorities into seven "pillars" of government and healthcare policy that, applied together, will reduce the death toll and other harm caused by the opioid crisis.

How can we truly liberate a nation in pain? As much as systemic reforms can reduce the harm caused by our descent into the United States of Opioids, I believe that our real hope for a solution will come in the form of more personal outreach in our families, workplaces, and communities as we take on, through social and spiritual connection, the underlying suffering that has driven the crisis. **Chapter Ten** offers information everyone needs to understand in order to take part personally in the work ahead. It also offers some concluding thoughts about how we can all contribute to finding a solution to the opioid crisis.

Since the first step in solving any problem—besides recognizing that the problem actually exists—is developing an understanding of the facts and complexities, I have included various resources at the end of this book with specific information that may be of interest to particular groups of readers, including a **glossary** of terms, a **resource guide** to find additional information and places to seek help, and **graphics** and **data** to visualize and quantify some of the key challenges.