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Platinum Priority – Editorial

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The American Opioid Crisis: The Inexorable March to Death and Addiction

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The USA is uniquely addicted to opioids. Drug overdose addiction and deaths have grown exponentially since the 1980s, leaving a wake of homelessness, crime-infested communities, dilapidated houses, and beleaguered police and emergency services [1]. Overdose deaths have become America's number one accidental killer [2], surpassing motor vehicle accidents. More Americans have died from opioids than perished in the human immunodeficiency virus crisis of the 1980s. The demographics are also intriguing; while the crack cocaine epidemic centered on lower socioeconomic black citizens, opioid-related deaths have crossed the divide. Rich and poor, black and white are all dying. It might be the only societal point of equity in America.

It is clear that physicians are one cause of this epidemic. Reams of data point to excessive prescribing by both medical physicians and surgeons. In this issue of *European Urology*, Patel et al. [3] nicely document just how poorly urologists in America prescribe opioids. Their study found that 77% of prescribed opiates went unused by their post-prostatectomy patients. In addition, 84% of patients barely touched the drugs they were given. Our group carried out a similar but broader study last month, with equally dismal results [4].

This study adds to mounting evidence indicting not only urologists but also other surgeons alike for prescribing opioids far in excess of need. Data now exist in urology, orthopedics, general surgery, thoracic surgery, gynecology, and even dental surgery. The pervasive trend of over-prescribing becomes even viler when one considers that no amount of opioids is safe. A single day's prescription of a narcotic can lead to long-term addiction in 6% of patients,

and this risk increases to 13% if the prescription is for longer than 7 d [5]. We were naïve to believe the historic mantra that opioids used to treat postsurgical pain did not carry addictive potential [6].

Careful research has convincingly blamed Purdue Pharmaceuticals and their physicians for touting opioids as non-addictive, starting in the early 1980s. The Pulitzer Prize-winning book *Dreamland* by Sam Quinones outlines in specific terms the many ways in which the pharmaceutical industry and physicians became efficient drug dealers. One method was citing a tiny Letter to the Editor published in the *New England Journal of Medicine* in 1980 on hospitalized patients that claimed that no patients were addicted to narcotics [6]. A 41-state coalition investigating the opioid industry has brought hundreds of lawsuits against opioid makers and distributors. In January, New York City filed its own lawsuit seeking \$500 million from Purdue and seven other opioid makers and distributors [7]. In 2007, Purdue and three executives pleaded guilty to misbranding of OxyContin and agreed to pay \$634.5 million to resolve a US Department of Justice investigation.

Urologists should remember the following: opioids are poor painkillers for surgical site incisions, they foster addiction in approximately 6% of patients [5], and when not properly disposed of become avenues for illegal use and abuse. For most minimally invasive surgeries, patients do not need any opioids. Repeat that to yourself five times. A small minority of patients may benefit from opioids to aid in early ambulation after open procedures. At our institution we have not been prescribing any opioids for robotic prostatectomy patients for months. We have yet to receive a single complaint and our patient survey scores have not changed.

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The shift to guideline narcotic prescribing is upon us. Most large institutions have restricted prescribing and many surgeons are now adapting their practices as well. In the Commonwealth of Pennsylvania, the rate of opioid prescriptions has finally decreased by 14% this year, second only to New Hampshire when comparing states [8]. In his famous essay, Professor Vincente Navarro [9] stated that the cornerstone of a successful national health policy is public interventions that aim to strengthen political, economic, social, and cultural determinants of good health. Opioid addiction and overdoses are a direct product of a failing American national health policy. This is an undisputable fact. Our local, state, and federal officials have embarked on a series of solutions that has shown little traction on the clear deliverable the public is begging for: reversal of the rates of overdose addition and deaths. While urologists are not the main cause of this nightmare, we can stop the ridiculous overprescribing of narcotics. We have no excuse not to.

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References

[1] Jalal H, Buchanich J, Roberts MS, Balmert LC, Zhang K, Burke DS. Changing dynamics of the drug overdose epidemic in the United States from 1979 through 2016. *Science* 2018;361, eaau1184.

- [2] Centers for Disease Control and Prevention. National Center for Health Statistics. Multiple cause of death 1999–2016. <http://wonder.cdc.gov/mcd-icd10.html>.
- [3] Patel HD, Srivastava A, Patel ND, et al. A prospective cohort study of postdischarge opioid practices after radical prostatectomy: the ORIOLES initiative. *Eur Urol* 2019;75:215–8.
- [4] Theisen KM, Myrta J, Hale N, et al. Excessive opioid prescribing after major urologic procedures. *Urology*. In press. <https://doi.org/10.1016/j.urology.2018.06.057>.
- [5] Shah A, Hayes C, Marin BC. Characteristics of initial prescription episodes and likelihood of long-term opioid use—United States, 2006–2015. *Morb Mortal Wkly Rep* 2017;66:265–9.
- [6] Porter JH. Addiction rare in patients treated with narcotics. *N Engl J Med* 1980;302:123.
- [7] Stempel J. New York sues OxyContin maker Purdue Pharma over opioids. Reuters, August 14, 2018. www.reuters.com/article/us-usa-opioids-purduepharma/new-york-sues-oxycontin-maker-purdue-pharma-over-opioids-idUSKBN1KZ1WZ.
- [8] Wirick J. Pennsylvania second nationally in decline of opioid prescriptions. Pennsylvania Medical Society; 2018. www.pamedsoc.org/detail/article/PA-second-decline-opioids
- [9] Navarro V. What is a national health policy? *Int J Health Serv* 2007;37:1–14.

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