

**“Opium wars of the past—and today”  
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The British Empire pursued its “Opium War until it subjugated the Qing dynasty, whereupon China was forced to open its borders to the opium trade desired by British merchants. The “merchants” obtained opium from previously subjugated India, where the poppies were grown. When Chinese citizens became addicted, the British derided and ridiculed their “opium dens.”

Today another opium war is underway, not on a battlefield but just as ruthless. This war is being waged by the industrialization of healthcare via runaway opioid prescriptions. What was once the art of healing has become a no-holds-barred for-profit enterprise. The system has hijacked millions of unsuspecting consumers. Physicians and hospitals have been duped into complicity, which feeds on the demands by consumers largely unaware that a prescription touted as pain-management strategy will get them addicted. Not only that, taking opioids for long periods actually produces considerably more pain than it initially mitigated.

On the website of the Center for Disease Control and Prevention, [www.cdc.gov](http://www.cdc.gov), you’ll find these statistics:

- \* 91 Americans die every day from an opioid overdose.
- \* From 2000 to 2015 more than half a million people died from drug overdoses.
- \* As many as one in four people who receive prescription opioids long term for non-cancer pain struggles with addiction.

A recent publication, tellingly entitled “Drug Dealer, MD” sheds light on the issue. Its author, Anna Lembke, is a physician who underwent ten years of medical training followed by twenty years of practicing medicine. More recently, as assistant professor at Stanford University’s School of Medicine, she determined to get to the bottom of our prescription-drug epidemic. Lembke has conducted countless interviews with well-meaning doctors across America who end up prescribing “pills that are killing their patients.” Her interviews include nurses, pharmacists, social workers, hospital administrators, economists, insurance company executives, journalists—and, of course, the patients whose stories she shares in the book that evolved from these efforts. Its subtitle, “How Doctors Were Duped, Patients Got Hooked, and Why It’s so Hard to Stop” hints at the enormity of the problem.

When we receive outrageous bills after a medical procedure, we blame get-rich-quick physicians—but such providers, if they ever existed, are a thing of the past. Today most physicians are affiliated with a medical corporation whose bottom line is the kind of shareholder profit that will justify their CEO’s exorbitant salaries. Lembke cites the example of “Susie,” an emergency-room physician who, after completing her residency in emergency medicine entered into a one-year fellowship in addiction medicine, for

she had witnessed many patients coming through her emergency room with serious prescription-drug problems.

Now employed as an emergency-room physician, Susie “gets no base salary, no hourly salary, no retirement, and no benefits.” She pays separately for health insurance, to the tune of \$800 per month. Although an employee of the hospital, she is paid like an independent contractor; that is to say, she gets 22 percent of what she bills. The upshot is that Susie can’t afford to spend more than a few minutes per patient because “talking doesn’t pay.” Instead of offering a consultation, she says, “a lot of times it’s easier not to put up a fight and just give them the drug they want”—she has been “strongly advised” by her corporate boss to improve “efficiency”—which, to the corporation, means improved profits.

Susie’s situation represents the “incentive-based compensation packages that many hospitals and health-care delivery system are moving toward,” observes Lembke. The system’s insidious result? It generates people who are “Addicted to Being a Patient.” When such a patient can no longer function in family, society, and on the job, he or she will end up as “disabled,” which qualifies for Medicaid and allows a modicum of income. Regrettably, the system is antiquated enough—or callous enough—to prevent coverage for what such patients really need: treatment for addiction. Thus, despite policy changes, the epidemic rages on.

Lembke offers few avenues for redress; however, a colleague of hers does. Elisabeth Rosenthal’s “An American Sickness” not only shows “How Healthcare Became Big Business” but also includes appendixes that offer a number of websites for consumers to educate themselves.

Read “Drug Dealer, MD” before your next medical appointment, particularly if it involves pain management. Better still, go on to read “An American Sickness.” You may just save your life if you do.