



Case Report

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A Compendium of 23 Papers Critical of US Public Health Policy on Pain Management and Addiction

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Abstract

This compendium is a collection of 23 papers critical of US public health policy on pain management and addiction. Prevailing policy has harmed millions of US clinical patients and healthcare providers. Two profound and interactive issues are addressed:

- a) Literally everything that the US and most State governments think they know about the so-called “opioid crisis” is provably wrong from published contradictory evidence-on grounds of both science and medical ethics.
- b) Misdirected public health and law enforcement policy on pain and addiction treatment are directly responsible for thousands of patient suicides and the malicious prosecution and imprisonment of hundreds of clinicians who are in fact guilty of no crime. Arguably and by contrast, public health “authorities” are directly and personally responsible for thousands of negligent homicides and the near-destruction of US pain management as a field, growing from their intransigent advocacy of scientifically insupportable practice guidelines known before publication by authors and approving officials to be fatally flawed.

Methods: Critical review of published clinical literature with extraction of key findings.

Results: Taken in combination, the references offered in this mini-review support the conclusion that (a) public health policy prevailing in February 2025 is based on substantial anti-opioid bias that lacks supporting science and (b) multiple fatal flaws in the 2016 prescribing guidelines of the US Centers for Disease Control and Prevention (CDC), and in the 2022 updates to these guidelines and those of the US Veterans Administration were known to the authors and approving officials thereof before publication of those documents.

Background

As the author has written in some of the references below, US and international public health authorities and professional healthcare organizations are now engaged in a contentious public discussion of the causes and possible remedies for what has been termed “the Opioid Crisis”. De facto public policy is to discourage the use of prescription opioid analgesics, and their availability to patients – many of whom have proven records of safe and effective use for decades, with no evidence of prescription misuse or patient addiction.

However, there is ample evidence from multiple published sources to demonstrate that key assumptions of the US CDC, and Veterans Administration guidelines are factually wrong and deeply harmful to public health. Specifically:

- 1) It has been known for over 15 years that rates of treatment-related opioid addiction, overdose or death due to overdose are too small to measure accurately or predict in individuals. Papers published by anti-opioid zealots frequently ignore significant confounds in the documentation of individual



overdoses, that invalidate diagnosis of “substance use disorder” as defined in the 5th edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.

2) In the rare cases where patients under treatment with prescription opioid analgesics are hospitalized for opioid overdose, attempt or commit suicide, it is now known that the strongest predictors in patient medical records almost entirely relate to a history of severe mental health issues.

3) Published analysis of 40 years of accidental drug mortality data published by US CDC reveals that prescription drugs have never been the dominant factor in the US “opioid crisis”. When prescription drugs are found in post-mortem coroner and medical examiner reports, they are almost always accompanied by illegal opioids (primarily non-pharmaceutical Fentanyl), stimulants like Cocaine or Methamphetamine, and alcohol. Drugs prescribed by doctors to their patients did not cause and are not sustaining the high numbers of accidental deaths attributed to accidental drug overdose [1-23].

Discussion

Research compiled herein reflects 28 years of the author’s focused research as a healthcare writer and US National subject matter expert on the intersection of public health policy, pain medicine and addiction medicine. Papers reported here incorporate over a thousand references from clinical literature, and are in turn drawn from a searchable knowledge base of over 15,000 sources. This collection is arguably more wide-ranging and evidence-based than any other literature review published for this area of clinical practice.

It is intended that this compilation will be offered to multiple clinical journals and social media platforms for publication as a public service. These social media platforms serve and are read by over two million medical industry contributors: doctor, nurses, pharmacists, and mental health change agents. Republication in multiple reputable clinical journals is anticipated and invited. These references may also be useful as exhibits, for clinicians defending themselves in adversarial proceedings before US State Boards of Medicine, Pharmacy, or Nursing.

Conclusions

The compendium of published, evidence-based data and analysis offered above demonstrates that 2022 US CDC and Veterans Administration published guidelines on prescription of opioid analgesics in chronic severe pain do not represent a “consensus” of clinical opinion. Moreover, these guidelines are arguably fraudulent in that their authors and approving officials were aware before publication that the guidelines included substantial misinformation about the sources and risks of treatment-related addiction and mortality. These guidelines have been widely applied as a basis for falsely prosecuting clinicians who have done nothing harmful or wrong, in US State Medical Boards and/or law enforcement proceedings. Public repudiation and withdrawal of 2016 and 2022

CDC and VA prescribing guidelines without replacement are the only ethically sound measures open to public health authorities.

About the Author

Richard A Lawhern PhD is an independent healthcare writer and data analyst with 28-years’ experience and over 300 papers authored or coauthored in peer reviewed, editor reviewed, and mass media venues. None of the research reported in his published work has been funded. The author declares no financial or professional conflicts of interest.

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