

# Opioid Denial: My Own Harrowing Experience



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The CDC Says No To Drugs. Original image: grabellaw.com

Talk about irony. Who could have possibly known that one week after my *New York Post* op ed (<http://nypost.com/2016/12/19/how-the-feds-are-fueling-americas-opioid-disaster/>) warned that our new, deeply flawed strategy to combat the opioid overdose epidemic would end up harming innocent patients, that I would become one of them?

I have asthma, and it can get pretty bad, especially following an upper respiratory infection, which I contracted a month ago. This time it was *really* bad, which means exactly one thing: prednisone, the go-to drug for serious asthma. But it's not fun to take, and not all that safe either. Recently I explained why (see: Prednisone:Satan's Little Helper (<http://acsh.org/news/2016/12/12/prednisone-satans-little-helper-10561>)). Prednisone carries with it an astounding array of side effects, one of which is dangerously high blood pressure. After three weeks on the drug, my normally-textbook readings hit 190/90. You bet I was scared. Still am.

And if there's one thing that asthmatics know it's that coughing is bad news. The coughing exacerbates the asthma, which in turn causes more coughing, forming a very unhealthy cycle. And guess what else coughing does?

It raises your blood pressure.

Fortunately, coughing can be controlled, and I ended up with a bottle of vile but effective syrup that contained codeine, an opioid. Opioids are known cough suppressants, and it worked quite well. Until it ran out before the cough did. What follows may be difficult to believe, but it was all too real.

Both my pulmonologist and GP were away, and were unable to refill the prescription because of new procedures that are required for prescribing controlled substances (1). No one in either office would or could do so. I even tried a very good friend—one I've known for 20 years, who is a physician at a New York Hospital. He's called in prescriptions for me from time to time. Not this time. He could only do this for patients who had medical records on file at his hospital, and suggested a walk-in clinic.

This is where things got really crazy.

I was able to manage the cough for a few days after the syrup ran out by using Vicodin (hydrocodone) instead. Hydrocodone is considerably stronger than codeine. I hate it, but it worked. If you're asking "where did he get the Vicodin?" that's easy: leftovers from old dental procedures. No—I did not turn them in like the DEA wants you to, because you could see this coming a mile away. More accurately, three years ago. In 2013 *The Post* published my first op ed on the topic, which warned about the consequences of the escalating opioid crackdown (see: New painful casualties of the drug war (<http://nypost.com/2013/12/02/new-painful-casualties-of-the-drug-war/>)).

The physician at the walk-in clinic was competent and caring, but not allowed to write prescriptions for *any* controlled substances. Alice in Wonderland. She gave me a prescription for something else. Maybe it will work, maybe it won't. Damn good thing I kept the Vicodin, no?

Let's summarize and see if there is even one iota of logic here:

1. I am ill, already on a dangerous drug that has raised my blood pressure to a high enough level to cause a heart attack or a stroke.
2. Coughing makes it worse.
3. Instead of using a weaker opioid (codeine) cough syrup, I was forced to use a stronger one leftover from years back. You might want to think about that on the next "drug give-back day."
4. This took place in the middle of New York City, where you can get top notch health care. Or at least you could, until the CDC stuck its incompetent nose into your personal life, scaring the hell out of doctors, and tying their hands as physicians. This has already caused immense harm to people who legitimately need powerful medicines, but can no longer obtain them because of the abuse by others (1).
5. I would like to stay alive long enough to get well. Better not cough.
6. This could be you some day. Coughing yourself to death because of a ill-conceived, simplistic, and barbaric policy that won't even do what it was clumsily intended to. I Think I'll hang onto those pills a little while longer.

Notes:

(1) These vary from state to state. New York requires electronic filing.

(2) The CDC regulations, which were finalized in 2016 are misguided, and will do essentially nothing to curb addiction, since the overwhelming majority of people who become addicted become so by using opioids recreationally, not therapeutically. Sorry, it is wrong to say that the restrictions have done nothing. They have driven addicts from pills to heroin and fentanyl, and they are dying in record numbers. Nice job.