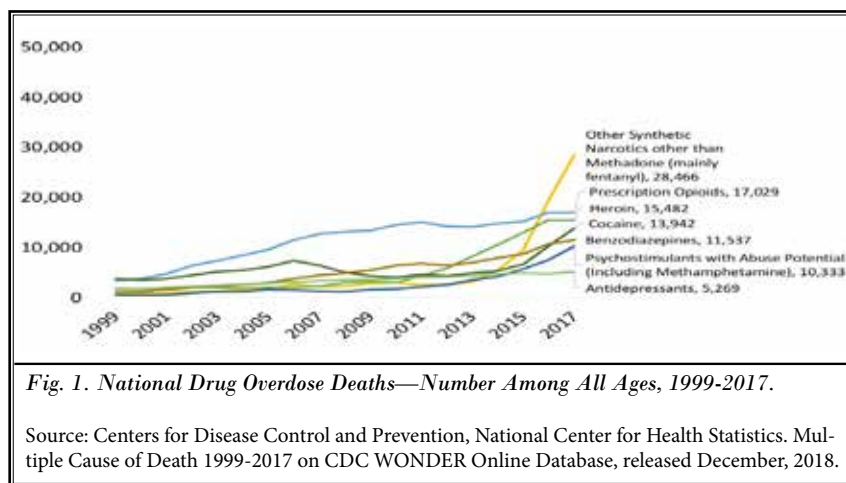


Discouraging Conclusions on Initial Opioid Prescriptions

TO THE EDITOR:

In a manuscript published in the *New England Journal of Medicine*, Zhu et al (1) have provided information on initial opioid prescriptions among U.S. insured patients with a decline of 54% to 68%, accompanied by a decrease in providers. However, authors have inappropriately concluded that a subgroup of providers continue to write high risk initial opioid prescriptions. Multiple factors may be at play for these prescriptions. Further, the journal also published multiple manuscripts in reference to adverse effects of curtailing opioid prescriptions: as structural iatrogenesis (2) and ill effects of opioid use disorder and incarceration (3). The CDC report (4) through 2017 shows no change in death rate related to prescription opioids, whereas, there was astronomical increase related to deaths related to synthetic opioids (Fig. 1). Therefore, a significant contribution to the current opioid epidemic includes fentanyl and heroin (5). Reframing prevention strategies must be linked to true causes. Thus, while we should not take our eye off of prescription opioid issues, at the same time, we should not exaggerate the newly developing issue of curbing opioids for medically necessary patients



which in turn may be contributing to heroin and fentanyl epidemic.

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