

# Beyond Binary: Rethinking Opioid Crisis Solutions

Forbesbooks published Co-Founder and Managing Partner, [Harry Nelson](#)'s most recent article regarding Opioid Crisis Solutions. Harry speaks in detail about this issue in his latest book, [The United States of Opioids: A Prescription for Liberating a Nation in Pain](#).

From the article:

In shifting the opioid crisis conversation toward solutions, one recurrent obstacle is our binary way of thinking. Healthcare policy, like media coverage, favors “either/or” categorization of all problems and solutions. We love stories with clear heroes and villains. (If you doubt this, follow the coverage of Purdue Pharma, Insys, or other drugmakers these days.) It makes sense that our media is sometimes forced to simplify stories in this way. After all, when things get more complex, viewers tune out. What has been disheartening to me is waking up to the reality that our policy discourse falls into the same trap. This binary approach is actively unhelpful in shaping the discussion of addiction, recovery, and wellness.

## Opioid Prescribing

The recent history of opioid prescribing is marked by vacillations. As I detail in *The United States of Opioids*, in the late 1800s, the standard of care for doctors prescribing opioids extended to preventing addicted patients to avoid withdrawal. By the 1920s, the Federal Bureau of Narcotics was arresting doctors by the hundreds for this practice. As the memory of this crackdown faded, the “pain as the vital sign” movement gained steam in the early 2000s. I found myself defending doctors who were being prosecuted by state medical boards for *undertreating* pain. The pain doctors I advise these days are so afraid of DEA and medical board response that they would rather turn away patients in pain than prescribe more than minuscule doses of opioids.

These swings from one polarity to the other – and back again – have been brutal for patients and providers alike. People in chronic pain are living in misery. In the worst cases, untreated pain is driving an increase in suicides. Rather than contributing to solving the opioid crisis, the binary approach has added another dimension to the crisis. Not only are overdose and substance use disorder rates rising but now doctors cannot treat pain effectively and people in pain cannot get the medications they need. The same dynamic predominates discussions of cannabis and psychedelics. They are the bogeyman to some, and a silver bullet to others. Part of the solution to the crisis is finding a middle ground where doctors can treat pain without fear and people who need medications can actually get them.

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