

What America Got Wrong About Painkillers, Addiction & the U.S. Opioid Crisis

The danger of prescription painkillers might have been overestimated and too little was done to identify those most at risk for addiction.

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It's largely accepted that prescription painkillers are largely to blame for the opioid crisis in the United States. But [a recent article](#) in The Atlantic challenges that narrative by arguing that federal health authorities might have focused too much on pills and prescribers and too little on identifying those most at-risk for addiction in the first place.

Written by psychiatrist Sally Satel, the article discusses America's early response to the U.S. opioid crisis, which mostly consisted of health authorities cracking down on doctors who prescribed painkillers. To some degree, the tactic worked and contributed to about a 5% dip in overdose deaths in 2018—almost exclusively as a result of fewer deaths from prescription opioid overdoses.

However, Satel argues that policymakers and public health experts might have overestimated the addictive potential of such drugs in the first place. In fact, many psychiatrists say that in most cases, those addicted to prescription pills over the last decade have been those already at risk for addiction—a risk not often addressed in our response to the opioid epidemic.

For example, according to recent data from the Substance Abuse and Mental Health Services Administration (SAMHSA) only 22% to 35% of people who misused pain medication reported receiving drugs from their doctor. Instead, about half got their pills from a friend or relative. Others either bought or stole pills from someone they knew, bought from a dealer or actively sought out a doctor willing to write them a prescription.

What's more, people who misuse opioids typically have a history of abusing other pills. (As The Atlantic points out, SAMHSA uses the term "misuse" to include anything from taking an extra pill beyond the quantity prescribed by a doctor to addiction.) According to the 2014 National Survey on Drug Use and Health, more than three fourths of prescription painkiller misusers had also used non-prescribed benzodiazepines such as Valium or Xanax.

Meanwhile, the percentage of patients who become addicted to opioids after being treated for

chronic pain is actually quite low—with studies showing an incidence from less than 1% to 8%.

So how should the United States deal with the opioid crisis in light of these revelations? Satel argues that it's not too late to reframe our response in order to address the underlying drivers of addiction and help those most at risk for addiction.

To read the full article, [click here](#).

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