

The war on drugs is bad for your liver.

July 1, 2009 By [Paul Dalton](#)



Really, the war on drugs is bad for most everything, save prison contractors and gangsters- but today's [news](#) about the FDA considering pulling the popular pain meds Vicodin and Percocet from pharmacies has my focus on the harm that drug laws do to vital organs.

Vicodin and Percocet are compounded opiates. This means they are a two drugs in one pill- a strong opiate pain killer mixed with another drug- in this case acetaminophen- aka Tylenol. Compounded opiates are widely prescribed for pain management and have been famously abused by celebrities and hobos alike.

With all of the fear mongering about illicit drugs, it is interesting that the story here is about acetaminophen- widely considered among the safest drugs in the world. It is safe- most of the time, for most people, when used properly. When too much is used however it can be toxic to the liver. Acute acetaminophen poisoning is a major cause of emergency room visits, and leads to hundreds of deaths per year.

The FDA's advisory panel voted 20-17 to remove these drugs from pharmacy shelves, citing the high potential for overdose- particularly when people combine these prescription meds with over the counter products that also contain acetaminophen.

The media coverage is missing a crucial element of the story. The popularity of compounded opiates is due largely to the war on drugs. While Vicodin and Percocet are controlled substances, they are less controlled than oxycontin, morphine or other non-compounded opiates.

The extra paperwork involved in 'triplicate' scrips is not just a matter of convenience- although that plays a role. One of the copies of a triplicate goes to the DEA- the Drug Enforcement Administration. The DEA has no expertise in pain management, or any other kind of medicine. Their expertise lies in restricting access to drugs.



Many doctors don't love the idea of a group of cops looking in to their prescribing practices- and an easy way around that is compounded opiates. For people with chronic pain, this leads to an increase risk of liver problems from the acetaminophen and quite importantly the risk of addiction.

The DEA should have no role in medicine. Period. Pain management and other medical decisions should be made by patients and their doctors, not cops (or insurance adjusters, but that is a different story).

The war on drugs is costly, counterproductive and an injustice of monumental proportions. Getting the DEA out of medicine will not end the war on drugs, but it would immediately save lives.

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