



# Addressing the Opioid Abuse Epidemic

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The existence of an opioid drug abuse and addiction problem in the United States is no secret, although the scale of this problem may be less well known. From 1999 to 2014, more than 165,000 persons died from overdose related to opioid pain medication in the United States, according to the Centers for Disease Control and Prevention ("CDC"). Many more lives are affected by abuse that falls short of deadly overdose: estimates put the number of those abusing prescription opioids at two million. This trend shows no sign of slowing down: opioids (more than half of them prescription drugs) were involved in over 28,000 deaths in 2014, and according to several reports the artist formerly and forever known as Prince became yet another victim of such addiction. It is being reported that the singer--or one of Prince's representatives on his behalf--contacted Dr. Howard Kornfeld, an opioid addiction treatment expert from California, the day before he died.

The problem of opioid addiction is not one that has passed unremarked. The Guardian published an article on the problem of opioid addiction in Appalachia on the same day this article was written. The issue has been on the radar of the Obama administration for some time. The administration announced in October 2015 newly mandated training related to the appropriate use of the drugs for federal employees involved in the prescribing of controlled substances. In February 2016, President Obama proposed \$1.1 billion in new funding meant to address this epidemic. In March 2016, the CDC proposed its new *Guideline for Prescribing Opioids for Chronic Pain, United States, 2016*, which generally advocates the lowest dose of pain medication for the shortest period of time.

In recent weeks, several developments of a legal, political, and regulatory nature have signaled responses to this widespread problem.

First, on April 29, 2016, the White House hosted an event honoring leadership in preventing and addressing prescription medication abuse. Connected with this event, it was announced that 191 schools of nursing will begin requiring their advanced practice registered nursing students to take some form of prescriber education by the time they graduate, and 54 colleges and schools of pharmacy will educate all their students about life-saving overdose interventions.

Second, on March 3, 2016, the Kaiser Family Foundation released a poll indicating that 66% of Americans think that prescription drug abuse is a serious or very serious problem in this country; a majority said that users, prescribers, and state and federal governments all fail to do enough to fight this epidemic. On the same day, Democratic presidential candidate Hillary Clinton promised to confront the issue of opioid abuse. This issue will no doubt remain squarely on the candidates' agenda throughout the campaign season and will likely persist even into a new administration.

Third, on May 4, 2016, the U.S. Surgeon General proposed more vigorous training for opioid-prescribing physicians. The Surgeon General, Vivek Murthy, indicated a commonly-identified culprit of

the opioid abuse epidemic: overprescribing by physicians in the 1990s. He recommended that the federal government provide "more tools" to physicians to prevent opioid abuse, and mentioned better patient education as an element of a proper response.

Fourth, and related to the previous development, on May 4, 2016, an advisory committee of thirty medical experts unanimously called for the Food and Drug Administration to rethink its approach to opioid abuse, specifically in the form of a much more aggressive response to the problem. This advice followed a two-day hearing on the subject. Most of these advisers recommended mandatory training for opioid-prescribing physicians.

Finally, on May 12, 2016, the United States House of Representatives passed a series of bills related to opioid addiction by a large margin. This legislation provides for opioid abuse treatment, the development of interoperable prescription drug monitoring programs, and, among other features, an interagency task force to address the problem. The Senate, which approved its own opioid bills in March, is now working with the House on a compromise bill. It is hoped that such a compromise bill will be sent to President Obama before the July congressional recess.

The problem of opioid abuse and addiction has multiple causes and has invited multiple efforts to address it. Attempts at greater state and federal regulatory involvement and funding, better patient education, greater availability of the medications used to treat such addiction, and changed behavior by the prescribing community are all on the table in various ways. A working cure will no doubt compound each of these ingredients. Yet the dominant note of the push for a more aggressive response seems to be that latter element: prescriber behavior. Mandated training has been proposed for nurses, by the American Association of Colleges of Nursing, for pharmacists, by the American Association of Colleges of Pharmacy, and for physicians, by the top doctor in the land, the Surgeon General. Such training may be imposed on physicians by regulatory force; absent such mandate--or in preparation for such mandate--physicians who regularly prescribe opioid pain medication may wish to consider their patients' treatment in the context of this national epidemic. Keeping in mind how to identify signs of a patient vulnerable to addiction, and how to counsel such patients, may help a primary care physician address his or her patients' immediate needs while preventing such patients from becoming members of the growing demographic of opioid abusers.

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