



THE OPIOID EPIDEMIC

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Key Terms

Prescription opioids—oxycodone, hydrocodone, codeine, morphine

Prescription Drug Monitoring Programs (PDMPs)— statewide databases that gather information from pharmacies on dispensed prescriptions of controlled substances.

Pill Mills— a pain management clinic whose providers operate outside the boundaries of standard medical practice by prescribing large quantities of opioids and other controlled substances with minimal medical oversight. They commonly operate with cash only transactions

Doctor shopping—seeing multiple treatment providers, either during a single illness episode or to procure prescription medications illicitly.

Diversion— defined as seeing multiple treatment providers, either during a single illness episode or to procure prescription medications illicitly.

How Did We Get Here?

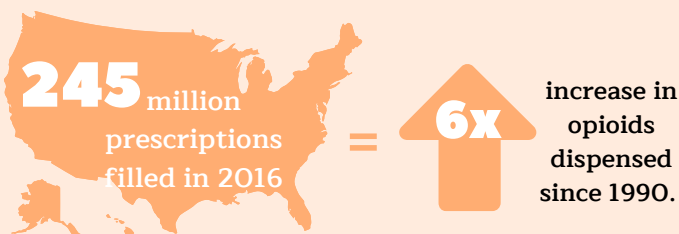
- In the early 1990s drug manufacturing companies and pharmaceutical companies marketed opioids as a non-addictive substance that help treat chronic pain.
- Physicians and primary care doctors began prescribing opioids in large volumes at high rates for patients with chronic pain and non-cancer related pain despite the lack of evidence and data backing this claim
- Simultaneously, the federal joint commission began to push for attentive response to patients pain

The Problem Today

In 2016, there were 245 million prescriptions for opiates filled. Many of these are prescribed for patients managing chronic pain despite the lack of evidence (National Institute on Drug Abuse). This is a major problem because with chronic pain the prescriptions are prescribed in high volumes for a long period of time. Studies show that patients prescribed opioids for chronic pain are at a high risk for developing an addiction. Furthermore, these prescriptions are at risk for diversion.

Statistics

Source: National Institute on Drug Abuse.



42,000 opioid related deaths in 2016.

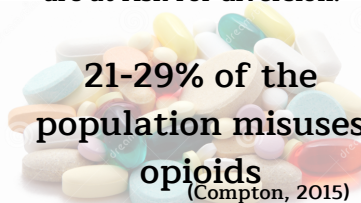
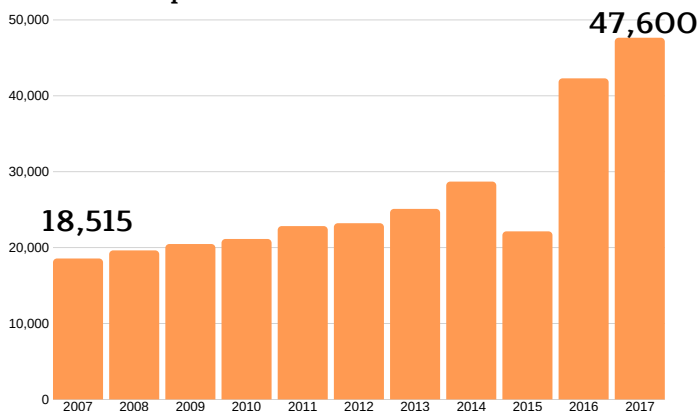


80% of heroin addicts started by misusing opioids.



140,077 emergency department visits from opioid overdoses in 2015.

Opioid Overdose deaths 2007-2017



Deaths relating to opioid overdoses are at unprecedented levels. In 2013, prescription overdoses accounted for more deaths than falls, guns, or traffic accidents. The Center for Disease Control estimates deaths involving opioid overdoses have increased six-fold since 1999 (Opioid Overdose, 2018). In 2016 alone, more than 42,000 people died from an overdose involving opioids, making it the leading cause of accidental deaths that year in the United States (Kata, V. et al., (2018).

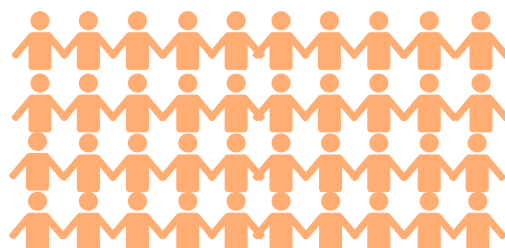
Studies have also shown that the majority of today's heroin users were introduced to the substance after abusing opiates. The Center for Disease Control estimates that 80 percent of people who used heroin, misuse opioid prescriptions first (Opioid Overdose, 2018).

In addition to these problems, prescription opioid abuse can create health problems and greatly lower life expectancy. Over the long term, the mortality rate of opioid addicts is about 6 to 20 times greater than that of the general population (Compton, 2015). Furthermore, there has been a significant rise in neonatal abstinence syndrome due to opioid use and misuse during pregnancy (National Institute on Drug Abuse, 2019). Opioid misuse has also caused increased cases of HIV and hepatitis C.

With a greater volume of opioids in circulation, there is a greater risk for addiction, overdose, doctor shopping, and diversion. These four factors are significant issues affecting millions of families and lives in the United States.



People die every day from opioid overdose



Policy Solution:

Prescription Drug Monitoring Programs

Prescription Drug Monitoring Programs are state-wide databases to track prescription medications as well as patient history and behavior. The databases are accessible to prescribers, pharmacists, and drug enforcement agencies. PDMPs have the capability to track the type of drug dispensed, quantity, and number of days supplied.

Physicians have the ability to assess whether a patient is doctor shopping or showing signs of addiction from PDMPs. Currently 49 states, including the District of Columbia have registered PDMPs (Haffajee RL, et al., 2014). A study at Vanderbilt University found that a state's implementation of PDMPs was associated with an average reduction of 1.12 opioid-related overdose deaths per 100,000 population in the year after implementation (Tolba, 2018).

Effect of PDMPs

- In New York and Tennessee, the percentage of patients seeing multiple providers (doctor shopping) dropped 75% and 36%
- A 2016 case study in 34 states found the rate of opioid overdoses decreased after implementation of PDMPs.
- In Florida, 85% of counties either decreased or remained stable in opioid prescribing rates
- Kentucky's overall dispensing rate of opioids decreased 8.5% in one year after implementation of PDMPs

Source: Substance Abuse Mental Health Services Administration, 2017

Barriers to Implementation

Despite the positive effects PDMP programs have on curbing the opioid crisis, there are still barriers from a federal level, causing gaps in information. Each state is responsible for a PDMP program, therefore there is no standardized database that allows for information sharing across geographical borders. Furthermore, prevention practitioners are often denied access to the database, making prevention efforts slow.

Furthermore, there is no federal mandate that requires licensed prescribers to use the database. On average, only 35% of licensed prescribers are registered with the database (Haffajee RL, et al., 2014).

Alternative 2: pill mill laws

pill mills: Pain management clinics that commonly dispense narcotics without a legitimate medical purpose, typically for cash.

Pill mill laws allow state oversight to pain management clinics, as well as standardizing prescribing practices and regulations. Pill mill laws are effective in regulating 'high-risk' prescribers. Pill mills are responsible for the disproportionate amount of prescriptions in the United States.

In Florida the pill mill law, or HB 7095, also included a dispensing ban, which prohibits pain management clinics from operating on site pharmacies (Gau 2017). Patients must get their prescriptions filled at independently operated pharmacies.

Number of Pill Mills in Florida

| Year | PMCs | Percentage Change |
|-----------|------|-------------------|
| 2009-2010 | 921 | -- |
| 2010-2011 | 823 | -11 |
| 2011-2012 | 441 | -46 |
| 2012-2013 | 384 | -13 |
| 2013-2014 | 371 | -3 |

The chart above shows the positive effect of Pill Mill Laws on shutting down Pain Management Clinics (PMCs) that illicitly dispense opioids.

Source: National Criminal Justice Service, 2015

Pill Mill laws are effective in decreasing the total volume of opioids in circulation. Furthermore, pill mills laws help decrease diversion and doctor shopping with state oversight. By implementing these laws with PDMPs, states will have the ability to track and counter the opioid crisis.

Conclusions

In conclusion, PDMPs and Pill Mill laws are both effective solutions to countering the opioid epidemic. Both solutions help to decrease the amount of opioids in circulation and decrease doctor shopping. By implementing both measures, opioid addiction and overdose rates will decrease. The economic burden of opioid treatment is estimated to be over \$78.5 billion USD (Compton, 2015). By implementing these policies, the government can remedy economic inefficiencies. Furthermore, these policies will help save money on a state and federal level. Both policy solutions are effective improving clinical decision-making, reducing doctor shopping and diversion of controlled substances, and assisting in other efforts to curb the prescription drug abuse epidemic.

“One of things that has changed in the opioid epidemic is that we've realized [addiction] affects everyone.”--Former President Obama

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