

THE AMERICAN OPIOID CRISIS



POLICY BRIEF BY ANNIE FERRY

THE BEGINNINGS OF THE OPIOID CRISIS

When pharmaceutical companies first introduced prescription opioids, the medical community was hesitant to prescribe them to patients. However, in the 1990s, doctors increasingly began to prescribe opioids to reduce a wider range of patient pain. This massive increase in prescriptions was largely a result of a surge in advertisements from pharmaceutical companies. These companies advertised opioids as safe drugs that could cure a magnitude of aches. However, these claims are misleading as addiction and deaths from overdose are serious side effects to opioids. Purdue Pharma directed a bonus system that incentivized physicians to increase sales of Oxycontin that led to an increase in opioid prescriptions (Van Zee, 2009). As the number of opioids prescribed inflated, an epidemic of drug abuse began in the United States.

BETWEEN 1999 AND 2010, PRESCRIPTIONS FOR OPIOIDS HAVE INCREASED BY

4X

Center For Disease Control and Prevention



THE PROBLEM

The widespread abuse of opioids confronts the United States with one of the largest drug epidemics in its history. The overprescription of opioids has contributed to the increase in addiction in recent years. Individual abuse of these drugs causes a decline in personal wellbeing. For many, addiction results in debt, unemployment, severe health consequences, homelessness, and more. In addition to the negative impact on an individual, addiction generates negative implications for the public health of society and the economy.

WHO IS IMPACTED?

The largest group of victims in the opioid epidemic are white Americans of lower socioeconomic status. They comprise of 80 percent of annual deadly overdoses (Felter, 2017). The US Department of Health and Human Services (2013) identified three factors that contribute to this demographic's high rate of addiction and overdose. First, they reported that Medicaid patients are more likely to receive opioid prescriptions, at higher doses, and for longer durations. Second, they reveal that rural areas tend to have higher rates of addiction, specifically in the Southeast and the Northwest. Third, they found that people with a history of chronic pain, mental illness, or previous substance abuse problems are more likely to die from an overdose.

EVERYDAY

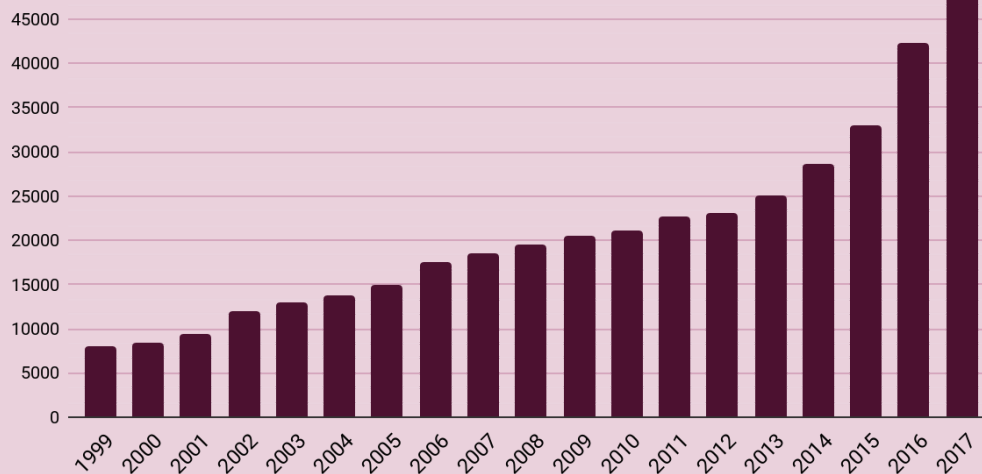
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AMERICANS DIE FROM OVERDOSING ON OPIOIDS

National Institute on Drug Abuse

National Drug Overdose Deaths Involving Opioids, 1999-2017

The National Institute on Drug Abuse



SOLUTIONS

There are several possible policy solutions for the American opioid crisis. Different states and localities have implemented effective policies to hold physicians, distributors, and pharmaceutical companies responsible for reducing the supply of opioids. However, policies and funding need to be established at the federal level to end the crisis that is persistent in all parts of the nation. Two potential policy options include:

#1: There are many alternatives to opioids that can decrease patient pain. However, physicians have been less likely to prescribe these alternate methods because of a lack of access and higher costs. Other options to treat chronic pain, like physical therapies, yoga, and cognitive therapies, are often more expensive than opioids and insurance companies are less likely to cover it. In rural areas, alternatives methods may not be available nearby for any price. By subsidizing alternative treatments for pain, the federal government is reducing the need to prescribe opioids and decreasing the demand.

#2: Thirty-three states have enacted laws to regulate the number of pills given in each prescription and the number of refills a patient has (NCSL, 2018). Creating similar federal regulation will ensure that every state has laws limiting opioid prescriptions. Regulating the amount of opioids physicians can prescribe would be very effective. In Indiana, state regulations on opioids led to a decline in prescriptions amongst Medicaid and Medicare patients (Al Achkar et al, 2018). Expanding similar laws to every state could reduce prescriptions and lower the supply of opioids nationally.



References

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