

Policy Brief: U.S. Health Care Policy for Prescription Painkillers and the Ongoing Opioid Epidemic

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Background: The Opioid Epidemic

Health care policy in the United States is a contentious matter. The United States **spends more money on healthcare than other high-income countries**, but **performs worse** on many population health outcomes. (1) More specifically, the U.S. **spends more per capita than any other high-income country on prescription drugs**. (2) The high spending is associated with a similar trend—the high frequency that prescription drugs, such as opioid painkillers, are prescribed to patients. In the 1990s, pharmaceutical companies urged that patients would not become addicted to prescription painkillers, which led healthcare providers to prescribe them at higher rates. But this increase led to their widespread misuse before most people knew that they could be highly addictive. It wasn't until 2017 that a **public health emergency** was declared and since then, many states in the U.S. have battled with what has been referred to as an “opioid crisis.”

HIGHER SPENDING ≠ BETTER HEALTH OUTCOMES

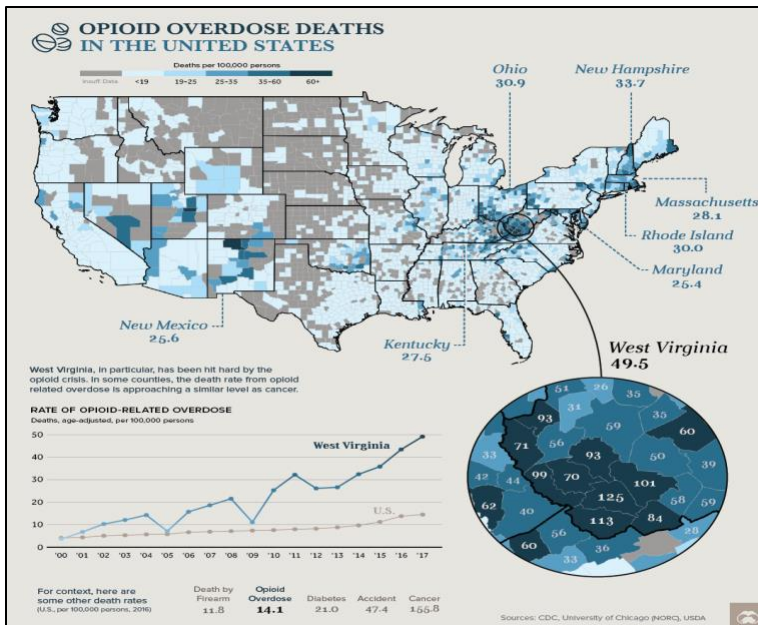


Figure 2: Death statistics in the U.S. related to opioid overdoses reported by the CDC. West Virginia, in particular, has seen a substantial increase in opioid related deaths.

THE OPIOID EPIDEMIC BY THE NUMBERS

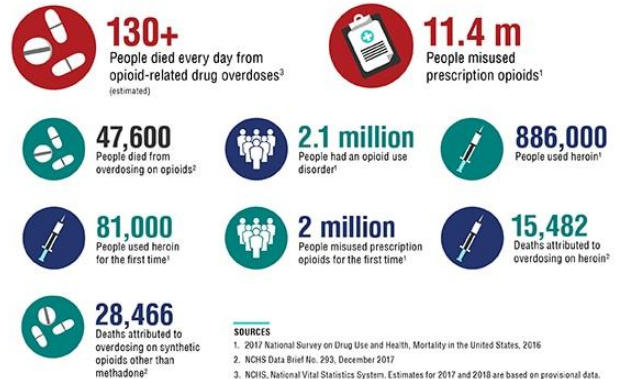


Figure 1: Relevant opioid epidemic statistics

PRESCRIBING PATTERNS MUST CHANGE

Though the total number of prescriptions and the prescribing rate per 100 persons declined from 2006 to 2017 from 72.4 percent to 58.7 percent, some counties throughout the country had rates that were **seven times higher** than that. (3) The opioid crisis has had devastating effects on many individuals, families, and communities, as well as the economy. Daily, **more than 650,000** opioid prescriptions are dispensed; **3,900 people** begin nonmedical use of prescriptions opioids; and more than **100 people die** from an opioid related overdose. (4) The **economic burden** of the opioid epidemic is estimated to be around **\$78.5 billion** yearly, in addition to increased health care and substance abuse treatment costs (around \$28.9 billion), with 14 percent of the aggregated costs coming from publicly funded insurance programs and almost 25 percent of the economic burden being funded by local and state governments. (4) Therefore, it's **imperative that we address current health care policies and the severity of the opioid epidemic**, as well as potential remedies for the issue to prevent similar crises from occurring in the future.



From 2015-2016, the prescription opioid-related overdose death rate increased by **10.6 percent**

Roadblocks, Pt. 1

In 2017, President Donald Trump declared a national public health emergency for the ongoing opioid crisis, but failed to allocate appropriate funding to combat the issue. Rather than address the problem of addiction as a serious illness, President Trump took similar measures that former President Ronald Reagan took with his “war on drugs,” which aimed to denounce the culture of drug abuse. But it’s important to consider the **benefits of many drug addiction treatment programs**, as one study put it, using evidence-based public health interventions, such as medication-assisted treatment and harm reduction interventions, which are currently limited. (5) Health-care cuts in the 2018 federal budget and repeated attacks on the Affordable Care Act further threaten the sustainability of the aforementioned programs. (5) In 2016, **more than 53,000 deaths were estimated to be caused by opioid overdose in the USA, but comprehensive action has yet to be taken.** (6) In 2016, the Centers for Disease Control and Prevention released their Guidelines for Prescribing Opioids for Chronic Pain. Though the guidelines attempted to control and regulate opioid prescribing, it was not very comprehensive in scope. (6) Other federal agencies, including the Food and Drug Administration (FDA), the Drug Enforcement Agency (DEA), and the Department of Justice have also been involved with the federal regulatory effort to stem the opioid misuse epidemic, but each agency’s role differs in their ability to enforce laws, either federally or by state, establish drug treatment programs, and regulate pharmaceutical companies. (6)

Roadblocks, Pt. 2

Pharmaceutical companies and drug manufacturers are blamed by many for the ongoing opioid epidemic. One study found that in New York State, **more than \$3.5 million in opioid-related payments were made to physicians by pharmaceutical companies and about one in ten physicians who prescribed opioids** to Medicare patients received payment. (7) Further, physicians who received payments from opioid manufacturers prescribed more opioids to Medicare patients than physicians who did not receive payment. (7) But this is not unique to New York state; **pain prescriptions are most prevalent in Southeastern cities**, with the vast majority concentrated in four states: Kentucky, Alabama, Georgia, and Arkansas. (8)

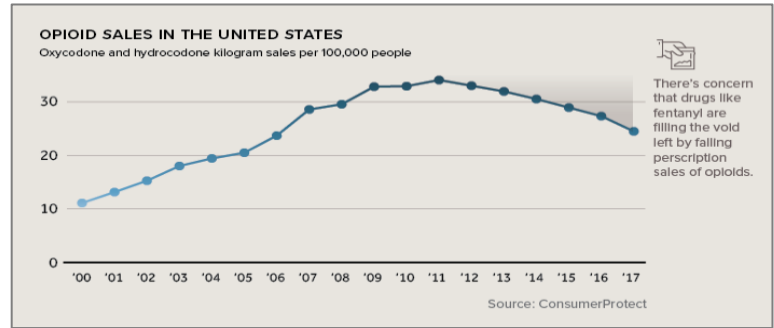


Figure 3: Opioid sales in the U.S. have increased over the years.

Potential Solutions: SMARTER SPENDING

Some states have sought out various methods to help combat or solve the opioid crisis. In New York, several efforts have been made, including grants for pregnant women, educational programs, improving health-care record prescription processes, and LEAD, an evidence based, harm reduction program designed to reduce low-level arrests and promote better health outcomes. (9) In North Carolina, programs such as Project Lazarus have shown success in fighting addiction. Project Lazarus’ aim is to educate primary care providers on chronic pain management and safe opioid prescribing habits, as well as build community coalitions and prevent overdoses. The **Project helped lower the overdose death rate in Wilkes County, North Carolina by 38 percent in one year.** (9)

Though it is commonly agreed that restraining opioid prescription—dose, duration, and formulation—is a rational course of action, a counterargument is that such regulatory efforts have “inaugurated a tide of nonconsensual tapers in otherwise stable patients, for which evidence of benefit is lacking and reports of harm are concerning.” (10) Therefore, other plausible solutions include medication-assisted treatments and abuse deterrent formulations, but these are short-term solutions. (11) Long-term solutions for controlling the opioid epidemic entail:

- a **fuller understanding of the neurobiological bases of pain that many opioid dependents and addicts feel.** (11)
- Policy changes ranging from recommendations contained in the National Pain Strategy, new CDC guidelines, and expanding drug monitoring programs may be beneficial, but accelerating the development of effective therapeutics for pain via increased funding is imperative to further contain the epidemic. (11)

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