

Stopping The Prescription Painkiller Misuse and Heroin Epidemics

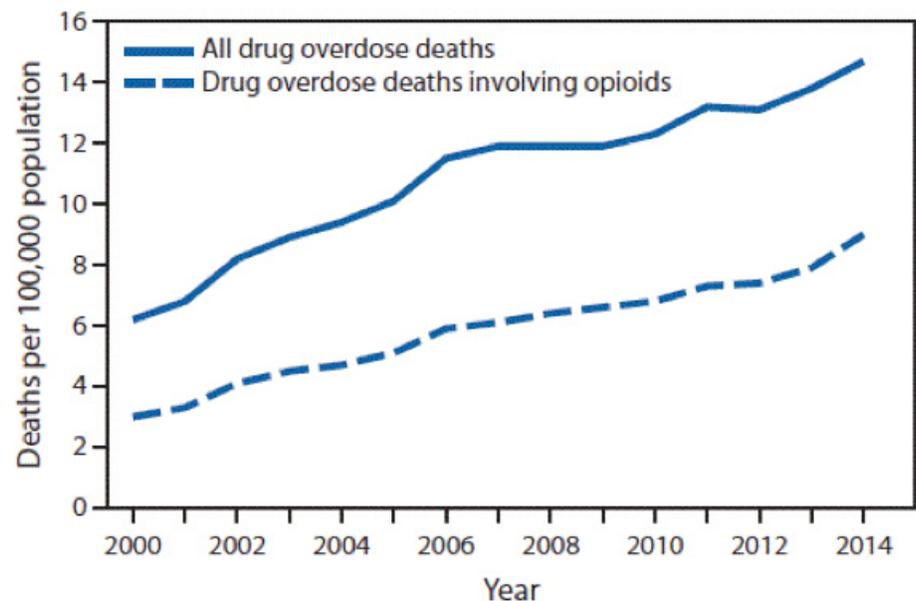
America is in the midst of an opioid misuse epidemic. In 2014, more than 24,000 individuals died from prescription painkillers and heroin, representing the deadliest year on record.⁵⁹⁷ Drug overdoses have surpassed motor vehicle crashes as the leading cause of injury deaths.

In the past 15 years, prescription painkiller overdoses more than quadrupled.⁵⁹⁸ Every day, 3,900 Americans initiate nonmedical use of prescription opioids, contributing to the almost 2 million individuals currently addicted to opioids.^{599, 600, 601}

Since 2000, the number of prescription painkillers sold has nearly quadrupled.^{602, 603} Currently, approximately 650,000 opioid prescriptions are dispensed every day.^{604, 605} Medicaid beneficiaries are prescribed opioid painkillers at twice the rate of non-beneficiaries, and are three to six times more likely to suffer an opioid overdose.^{606, 607, 608} The rate of pain reported by Americans, however, has remained constant during this same time period.^{609, 610, 611} Only about one in ten individuals with a substance use disorder receive recommended treatment.⁶¹²

The use of prescription painkillers is also driving the rise in heroin use, since it is often cheaper and easier to access in some places in the country. Heroin initiation is 19 times higher among people with a history of prescription painkiller misuse.^{613, 614} Heroin overdoses have increased six-fold since 2001 and have more than tripled since 2010.^{615, 616} Each day, 580 individuals try heroin for the first time.⁶¹⁷ Over the last decade, heroin use doubled among adults aged 18-25 years and women.⁶¹⁸

Age-adjusted rate of drug overdose deaths and drug overdose deaths involving opioids— United States, 2000–2014⁵⁹⁶



Source: CDC National Vital Statistics System

Prescription opioid misuse costs the United States over \$55.7 billion annually. Healthcare costs related to opioid abuse make up \$25 billion of the sum.⁶¹⁹ Workplace costs associated with prescription painkiller misuse total \$25.6 billion—including \$11.2 billion in lost earnings due to premature death and \$7.9 billion in lost employment/reduced compensation.⁶²⁰

RECOMMENDATIONS

- **Expand prevention efforts.** Evidence-based approaches to reducing substance misuse should be expanded across communities and in schools — focused on programs that have demonstrated effective results in reducing risk factors. Each state should have an end-to-end network of experts and resources to support the effective community-based selection, adoption, implementation and evaluation of evidence-based programs. The National Institutes of Health, Communities that Care (CTC) network and other experts have identified a strong set of evidence-based school and community prevention programs that have shown strong returns in reducing drug misuse, but have not been widely implemented throughout the country. Efforts should be integrated across school-based and wider community efforts, via multisector collaborations. Screening, Brief Intervention and Referral to Treatment (SBIRT) should be routine practice in middle and high schools and healthcare settings — since even brief counseling and interventions can have a positive impact.
- **Improve opioid prescription and dispensing practices through provider education.** Several states have implemented requirements for physicians to receive Continuing Medical Education (CME) credits in pain management.⁶²¹ Additional action is needed to mandate physician training on the risks of prescription opioids and to disseminate CDC guidelines for prescribing opioids for chronic pain. Training for all medical providers should include best practices for pain management, responsible prescribing of pain medication, methods of diagnosing, treating and managing substance use and the use of management and diversion tools, such as Prescription Drug Monitoring Programs (PDMPs).
- **Expand the use of Prescription Drug Monitoring Programs.** States that mandate providers to use PDMPs see reductions in opioid prescriptions.⁶²² Medical providers should be required to enroll and participate in their PDMPs in order to maximize the benefits of the system. PDMPs should be fully funded to allow real-time communication across providers and incorporation into electronic health records.
- **Encourage evaluation of prescription opioid misuse interventions.** Additional emphasis and federal funding is needed to support rigorous evaluations of practices and interventions addressing prescription opioid misuse—including overdose education and naloxone distribution programs, pharmacy benefit managers and community-based prevention strategies.
- **Improving guidance from FDA.** It is critical that prescribers have the information they need to reduce the risk of opioid misuse while still safely and effectively treating patients suffering from chronic pain. FDA recently acted to require stronger warnings on the dangers of combining opioids and benzodiazepines, and they should continue to aggressively implement their Opioids Action Plan. FDA should establish clear and reasonable pathways for both branded and generic products, ensuring doctors and patients have the widest array of abuse deterrent options.
- **Make “rescue drugs” regularly available and provide legal immunity to those experiencing overdose, bystanders and providers who prescribe naloxone.** Naloxone should be available over the counter or co-prescribed to high risk patients and/or their family, friends and caregivers and should be commonly available to first responders, in schools and other targeted locations. Liability and legal concerns serve as prominent barriers to effective naloxone use and distribution. States should amend current naloxone distribution laws to 1) include “Good Samaritan” provisions to allow timely summons of emergency responders without fear of negative legal consequences, and 2) allow prescribers to distribute naloxone in good faith to those other than the person to whom the drug will be administered (i.e. friends, family).⁶²³
- **Expand access to treatment and prevention programs:** Core programs to treat and prevent substance misuse disorders have been underfunded for years and have not kept up with inflation, let alone the growing need for services. The Comprehensive Addiction and Recovery Act, passed by Congress in July 2016, authorized \$181 million in new federal money to address this crisis. To be effective, this money must be fully appropriated and also expanded to support existing core programs to treat and prevent substance misuse, such as the Substance Abuse Prevention and Treatment Block Grant.

Endnotes

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