FROM PRESCRIPTION TO ADDICTION: ENDING THE OPIOID CRISIS

ADDRESSING ROOT CAUSES

• Over 50% of all opioid-related deaths are directly attributed to prescriptions and 80% of those addicted to heroin started by using prescription medications. The majority of first-time prescriptions come from ER and Dentistry.

Action Item: Ensure the ongoing education of opioid prescribers:
- Support the “ADAPT Act of 2018,” H.R. 5581, requiring continuing medical education (CME) for opioid prescribers, allowing for individual states to approve their own training requirements, and directing the GAO to study the impact of CME on opioid prescriptions, overdoses, and deaths associated with opioid abuse.

ADVANCING SCIENTIFIC UNDERSTANDING

• While we absolutely must reduce the number of opiates prescribed nationwide, a rigid 3-day prescribing limit (as included in CARA 2.0) may not be appropriate.
  o Under-treatment of pain can lead to patients obtaining opioids on the street, or increase Emergency Room visits and ultimately hospital readmission rates. Rigid limits on the number of days we can prescribe may lengthen hospital stays by delaying discharge.
  o There need to be guidelines for how much or how many opiates are necessary for a given procedure, injury or disease.

Action Item: Implement a study on prescribing limits
- Support S. 2680, Sec. 501, calling for a study of opioid prescribing limits and their impact on overdoses, opioid use disorders, and patient health outcomes and access to care.
  o We have concerns about the CARA 2.0 proposed 3-day limit for acute opioid prescriptions.

ACCESSING TREATMENT

• Medication assisted therapy (MAT) with methadone or Suboxone prevents opioid withdrawal and addiction
• Increasing access to MAT saves lives (50% reduction in fatal opioid overdoses)
• Current limits on prescriber privileges are limiting access to MAT

Action Item: Support efforts to increase access to Medication-Assisted Treatment (MAT)
- Support CARA 2.0 Section 7, allowing additional qualified providers to prescribe MAT and increasing the number of patients they are permitted to care for.
- We appreciate the Committee’s support of H.R. 5202, allowing pharmacists to dispense long-acting anti-addiction drugs to doctors for administration in the clinic.

Duke University Internal Medicine Residency
Ambulatory Care Leadership Track, daniella.zipkin@duke.edu