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A Seven-Step Plan for Ending the Opioid Crisis

More treatment. Stronger oversight. And above all, bolder leadership.

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Time to clean up. *Photographer: Liz O. Baylen/Los Angeles Times*

The opioid epidemic is now a full-blown national crisis, yet the federal government continues to dawdle. President Donald Trump declared opioid addiction a public health emergency, and he talks a tough game. But he has not taken forceful action.

If he will not lead, Congress must -- and now, before the crisis grows even worse.

How America's Opioid Crisis Spiraled Out of Control

Opioid overdose deaths rose 28 percent in 2016, to 42,000 men, women and children. Some 2.6 million more Americans are addicted to opioids, and communities in every region of the country are suffering from the resulting trauma. Largely as a result, life expectancy declined in 2016 for a second straight year -- something that has not happened since the early 1960s.

QuickTake**Heroin and Opioids****<<https://www.bloomberg.com/quicktake/heroin>>**

This is a solvable problem, and through [philanthropy <https://www.jhsph.edu/about/bloomberg-american-health-initiative/index.html>](https://www.jhsph.edu/about/bloomberg-american-health-initiative/index.html) we can make some progress. But real success requires much bolder leadership -- and a far greater sense of urgency -- from both elected officials and industry leaders.

We must stop doctors from over-prescribing opioids, especially when non-addictive pain medications (such as ibuprofen or acetaminophen) would be just as effective. Steps have been taken to educate doctors and to curtail prescriptions for opioids (such as Oxycontin, Percocet and Vicodin), and the prescription rate has fallen from its peak in 2010. But it remains three times what it was in 1999 -- and four times what it is in Europe.

More aggressive action is needed. The Food and Drug Administration should allow only doctors who complete specialized education in pain management to prescribe opioids for more than a few days, a move FDA Commissioner Scott Gottlieb is considering. Some states have limited the size of certain opioid prescriptions -- all should do so. To avoid the need for bans or other draconian measures, which would harm people suffering the most severe chronic pain (including many who are terminally ill), the medical profession must do more to rein in prescriptions and create effective monitoring programs.

Insurers and pharmacy benefit managers must better oversee opioid prescriptions. CVS Caremark has moved to limit coverage for opioid prescriptions. Others should follow its lead. These companies exist to help people lead better, healthier lives, and they should not be complicit actors in an addiction and overdose epidemic.

We must hold pharmaceutical companies accountable for the supply of prescription opioids. Like gun manufacturers that continue to supply dealers with a history of selling to traffickers, pharmaceutical companies and their distributors have a history of turning a blind eye to pill mills. Local governments have filed nearly 200 lawsuits against manufacturers and

distributors. They deserve their day in court, but we cannot pin our hopes on the outcome. The federal government must do more to monitor the supply of the drugs and crack down on companies that skirt the law.

We must start treating those with addiction disorders when they come in contact with emergency rooms, hospitals and clinics. Too often, those who overdose are not offered long-term treatment -- a regimen of buprenorphine, methadone or naltrexone -- because the hospitals they are taken to do not provide it. Many walk out the door looking for their next hit, with fatal consequences. More funding is needed for treatment -- and it may be that further state intervention is needed, too. Massachusetts Governor Charlie Baker has proposed requiring overdose patients to be sent to treatment centers for up to three days in hopes of convincing them to accept longer-term treatment. Drastic times require drastic measures.

We must stop stigmatizing the medications that have been proven <http://www.nejm.org/doi/full/10.1056/NEJMSr1706626> **to help people recover.** Many politicians wrongly believe that providing methadone or other opioid-based treatment to people allows them to get high. In fact, when used as part of treatment programs, these medications address the symptoms of cravings and physical withdrawal without providing the euphoria of illicit drug use.

The stigmatization of medication is especially problematic for our criminal justice system. Each year, about one-third of heroin users spend time locked up, yet the federal government, and the vast majority of states and localities, do not offer them

medication-assisted treatment while they are behind bars. That treatment, when linked to addiction services after release, boosts the odds of putting their lives back together and reduces the likelihood that they will return to crime.

The federal government should incentivize cities and states to offer treatment to inmates, as New York City and a handful of other localities do. In addition, police need new strategies to respond to heroin and fentanyl, a deadly synthetic opioid. These include providing ready doses of naloxone (Narcan) to reverse overdoses, and offering paths to treatment for all users.

We must develop better data. Existing statistics on misuse and overdose are out of date and often inaccurate. In many communities, relevant data is gathered only when people are arrested, or when they die from overdoses -- or not at all. Better information of all kinds could help communities, states and the federal government monitor the scope of the crisis and target interventions more effectively.

We must do more to block the importation of heroin -- and of fentanyl, much of which originates in China. President Trump declared that this would be "a top priority" of his meeting with President Xi Jinping -- "He will do something about it," Trump said prior to the meeting. We have yet to hear what, if any, new commitments he secured. Nor will building a wall along the Mexican border stop the drugs from entering the U.S., despite the president's belief that it will have a "great impact" on the problem. Government by symbolism -- whether building a wall or declaring an emergency -- doesn't solve real problems.

All of these steps come with a cost, but little effort has been made to quantify it. Local and state agencies bear most of the burden of this crisis, but no one has yet analyzed the extent of the assistance they need. That should be done before coming up with a price tag. Senate Democrats have proposed spending \$25 billion without first detailing a plan. If money is to be spent effectively, it must be attached to a comprehensive plan of attack.

The number of opioid deaths for 2017 is likely to set a record. Yet it's business as usual in Washington. In 2018, the American people must demand more -- from all their elected officials.

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