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on

Combatting the Opioid Crisis

before

Committee on Energy & Commerce,
Subcommittee on Health
U.S. House of Representatives
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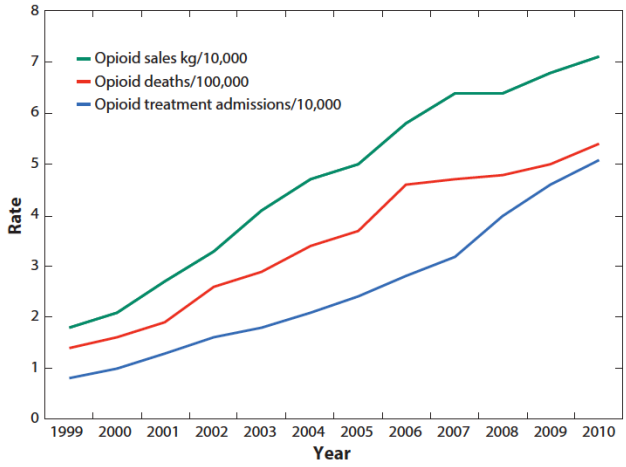
Chairman Burgess, Ranking Member Green, and Members of the Health Subcommittee, thank you for the opportunity to testify today on measures to address the opioid crisis. The opioid crisis is best understood as an epidemic of opioid addiction. When I use the term "epidemic" I am referring to the very sharp increase in the number of Americans suffering from opioid addiction that occurred over the past 20 years. From 1997 to 2011, there was a 900% increase in the number of Americans seeking treatment for addiction to prescription opioids. It is the increased prevalence of opioid addiction that explains why we are experiencing record high levels of opioid-related overdose deaths. It is the reason we are seeing heroin and fentanyl flood into our communities. It is the reason we have seen a soaring increase in infants born opioid dependent and children entering the foster care system and outbreaks of injection-related infectious diseases and an impact on our workforce.

When the opioid crisis is framed properly, as an epidemic of addiction, the strategies for bringing the epidemic to an end become clear. We must 1) prevent more Americans from becoming opioid addicted and 2) we must ensure easy access to effective addiction treatment. In particular, we must ensure that buprenorphine, the first-line treatment for opioid addiction, is easier to access than painkillers, heroin or fentanyl. At present access to buprenorphine is inadequate. Not enough doctors are able to prescribe it. And of those who do, very few accept commercial insurance or Medicaid. The patient's Medicaid or commercial insurance will pay for their buprenorphine prescription but patients must often pay out of their own pocket for the visit to the doctor. If we want more patients to seek treatment, it needs to cost less than a bag of heroin. Until that happens, I believe opioid overdose deaths will remain at historically high levels.

I would like to focus the remainder of my statement on H.R. 2063 a bill to mandate prescriber education. Although I do not support the bill in its current form, I am strongly in favor of mandatory education for DEA registrants who intend to prescribe more than a 3-day supply of opioid analgesics and I commend Representative Schneider and his co-sponsors for introducing this legislation.

The need for this law becomes clear when we look at the cause of our opioid addiction epidemic, a topic the Centers for Disease Control and Prevention (CDC) has been very clear about. The CDC has shown that a sharp increase in prescriptions for opioids resulted in a corresponding rise in addiction and overdose deaths.



This is a CDC graph. The green line represents opioid prescribing, the red line represents opioid deaths, and the blue line represents opioid addiction. As the green line went up, as opioid prescriptions started to soar, it led to parallel increases in addiction and overdose deaths.

The reason the green line began rising, the reason the medical community began prescribing so aggressively, is because we (doctors) were responding to a brilliant, multi-faceted marketing campaign that changed the culture of opioid prescribing. Starting in the 1990s, we began hearing that patients were suffering because we were too stingy with opioids. We began hearing that we should stop worrying about addiction. We began hearing that even with long-term use, the risk that a patient would get addicted was much less than 1%. We began hearing that opioids were safe and effective for chronic pain and that we could improve the quality of life in our patients if we prescribed more liberally. We began hearing that opioids are a gift from mother nature and should be used much more for just about any complaint of pain.

We would have been less gullible if we were only hearing these messages from drug company sales reps. But we were hearing these messages from pain specialists eminent in the field of pain medicine, from the Joint Commission, which accredits our hospitals, and we were hearing these messages from our professional societies—all of whom had financial relationships with opioid manufacturers. More than any other organizations, it was efforts by American Pain Society and the American Academy of Pain Medicine that were most damaging. My greatest concern with H.R. 2063 is that it relies on these organizations and other professional societies with pharmaceutical company ties to provide mandatory prescriber education.

One of the most important lessons from this crisis is the need for strict firewalls between pharmaceutical company marketing and medical education. Had pharmaceutical marketing not been so effectively disguised as education, we might not have an opioid addiction epidemic today. Professional societies with financial ties to pharmaceutical companies should not be offering government-mandated prescriber education.

It may be hard for you to believe that in the midst of our opioid addiction epidemic, doctors are still overprescribing, but they are. The United States continues to prescribe far more opioids than any other country on earth. Millions of dollars were spent misinforming the American medical community about opioids. But very little has been invested in correcting the record. That is why prescriber education must be made mandatory. And that is why the content for the education must be developed and administered by individuals and organizations that do not accept funding from drug companies.