

Opioid and heroin crisis triggered by doctors overprescribing painkillers

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According to researchers at Brandeis University, the University of North Florida and Johns Hopkins University, policymakers must look beyond painkiller abuse, also called non-medical use, in their efforts to reduce opioid overdose deaths. In a comprehensive investigation, the scientists show that since 2002, new cases of non-medical abuse have declined, yet painkiller overdose deaths have soared; evidence, they say, that recreational use of painkillers is not a key driver of the opioid crisis. The authors suggest that policymakers should instead focus on preventing new cases of opioid addiction caused by both medical and non-medical use and expanding access to opioid addiction treatment.

Published in the *Annual Review of Public Health*, *The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction* reframes the heroin and [prescription drug abuse](#) problem as a wave of opioid addiction caused by overprescribing of painkillers by doctors. The paper points to the increased prevalence of opioid addiction as the explanation for high rates of [overdose deaths](#) and for the influx of heroin in non-urban communities. Since 1997, the number of Americans seeking treatment for addiction to [painkillers](#) increased by 900%. The prevalence of opioid addiction started rising as long-term prescribing of opioids for chronic pain, a practice encouraged by opioid manufacturers, became more common.

"I think we have overestimated the benefits of prescription opioids and underestimated their risks," says study co-author Dr. Caleb Alexander, an associate professor of epidemiology at the Johns Hopkins' Bloomberg

School of Public Health and co-director of the Center for Drug Safety and Effectiveness. "Although opioids have many risks, their addictive potential is of especially great concern."

The researchers suggest that some of the same [public health](#) strategies used for controlling disease outbreaks can be effective for bringing the opioid crisis under control. "We need to prevent new cases of opioid addiction and we need to expand access to treatment for the millions of Americans who are already addicted," says the study's lead author, Dr. Andrew Kolodny, of the Heller School for Social Policy and Management at Brandeis University. "Without better access to [addiction treatment](#), overdose deaths will remain high and heroin will keep flooding in."

Prevention strategies outlined in the comprehensive review include public education on the risks of prescription opioids, and wider use of state prescription drug monitoring program (PDMPs) data to alert prescribers to possible doctor-shopping by patients.

"By encouraging and, if necessary, requiring prescribers to use PDMPs, and by pro-actively sending them prescription data on their patients, states can help medical providers intervene at an early stage of addiction and get patients who need it into treatment," says John Eadie, co-author and director of the PDMP Center of Excellence at Brandeis.

The study also recommends increasing access to the addiction medicine buprenorphine and ensuring that naloxone, an opioid overdose antidote, is available to emergency first responders, syringe exchange programs, and family members of people at risk for overdose. The authors contend that opioid addiction has long been overlooked as a key driver of the opioid epidemic, and a new approach that integrates primary, secondary and tertiary prevention strategies is needed.

More information: *Annual Review of Public Health*,
[www.annualreviews.org/doi/pdf/ ... health-031914-122957](http://www.annualreviews.org/doi/pdf/...health-031914-122957)

Provided by Brandeis University

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