More help on the way to fight opioid health crisis

New federal guidelines offer help to primary care providers on the front lines of America’s addiction to opioid pain medications.

By Seattle Times Editorial board

Seattle Times Editorial

AMERICA is in the grip of a prescription-drug-abuse crisis. More than 40 people die every day from overdoses involving prescription opioids.

That number equals more than 165,000 opioid-overdose deaths since 1999, a baseline year that marks the quadrupling of opioids prescribed and sold to date. Or as the federal Centers for Disease Control and Prevention notes in its statistics, in 2013 alone enough prescriptions were written for every American adult to have a bottle of pills.

Many Americans suffer from pain, but the use and abuse of prescription opioids have soared past those receiving active cancer, palliative and end-of-life care.

Opioid abuse, and the heroin use it can lead to, has flummoxed the health-care industry as well. Earlier this month, more help was offered. The CDC Guideline for Prescribing Opioids for Chronic Pain was published to help primary-care providers.

The dozen CDC recommendations are a welcome response to “a national health crisis,” explains Dr. David Tauben, chief of the Division of Pain Medicine at the University of Washington, and medical director of the UW Center for Pain Relief.

Most primary-care providers — including family doctors, dentists, podiatrists and nurse practitioners — are not well educated in the hazards of opioids and opioid dosage, and the need for patient monitoring, Tauben said.

Besides a desire to take away pain and make their patients better, they have the pharmaceutical industry, patient advisory groups and patients pushing for opioid prescriptions.
Lessons have been learned, including the fact that there is no safe dose. The opioid dosage in most pills is quite high. And the health risks for patients rise early.

The first recommendation for primary-care providers is not to start with opioids. Begin with nonopioid pain relievers and other treatments, including exercise therapy and weight loss.

Other guidelines include starting with the lowest effective dose, the use of immediate-release opioids and short-duration prescriptions for acute pain — perhaps for three days, not weeks and months.

Oversight and patient evaluation are key, and that includes the use of urine drug testing to assess how patients are following the prescription directions, and if they are using other prescriptions and illicit drugs, risking dangerous interactions, Tauben said.

This is an urgent national issue. President Obama has asked Congress for $1.1 billion to help states cover care for opioid abusers. Obama is scheduled Tuesday to address the National Rx Drug Abuse and Heroin Summit in Atlanta.

Opioid abuse touches lives across America. And even trained medical providers need more help and information to confront the crisis.

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