
While a major public health campaign has had some success in reducing the number of people who take potentially addictive narcotic painkillers, those patients who are prescribed the drugs are getting more of them for a longer time, according to a new study.

Nearly half the people who took the painkillers for over 30 days in the study’s first year were still using them three years later, a sign of potential abuse.

The report, released on Tuesday by the pharmacy benefits manager Express Scripts, found that nearly 60 percent of patients taking the painkillers to treat long-term conditions were also being prescribed muscle relaxants or anti-anxiety drugs that could cause dangerous reactions.


The federal health authorities reported Thursday that nearly one-third of women of reproductive age had had an opioid painkiller prescription filled every year from 2008 to 2012. Experts said the practice carried considerable risks for birth defects.

Exposure to opioid painkillers increases the risks for major defects in the baby’s brain and spine, congenital heart defects and problems with the baby’s abdominal wall.


Anthony DiTullio would pop a painkiller in his mouth but not just swallow it, as intended. He would chew it for 30 minutes, grinding through its protective coating and waxy unpleasantness, because the only pain he was treating was addiction.

The pill was OxyContin, a painkiller that its manufacturer, Purdue Pharma, says deters abuse by being difficult to chew or liquefy into forms that give addicts stronger highs, orally or through injection. Since adding these features to its original and widely abused OxyContin in 2010, the company has likened the pill to a virtual seatbelt to restrain the nation’s epidemic of prescription drug abuse.
But as thousands of addicts still find ways to abuse OxyContin and similar painkillers, called abuse-deterrent formulations, some experts caution that the protections are misunderstood and could mislead both users and prescribers into thinking that the underlying medications are less addictive.

**Lay People Can Play Key Role in Reversing Drug Overdoses** *JAMA*, August 11, 2015
Distributing kits with the opioid antagonist naloxone hydrochloride to drug users and other lay people has reversed more than 26,000 potentially fatal drug overdoses in the United States since 1996, according to a recent study. Although the number of sites distributing the kits has increased by 243% since 2010, the investigators indicated that too few people use naloxone to prevent fatal overdoses from prescription opioids, which account for a higher percentage of deaths than heroin.

**Narcotic Drugs Can Be Coaxed From Yeast** *The New York Times*, August 14, 2015
In a widely expected advance that has opened a fierce debate about “home-brewed heroin,” scientists at Stanford have created strains of yeast that can produce narcotic drugs.

Until now, these drugs — known as opioids — have been derived only from the opium poppy. But the Stanford laboratory is one of several where researchers have been trying to find yeast-based alternatives.

**School Nurses Stock Drug To Reverse Opioid Overdoses** *NPR*, September 16, 2015
AnneMarie Zagari found her teenage son unresponsive on the couch after he took too many opioid painkillers in 2011. She began pounding his chest and slapping his face, and finally succeeded in reviving him by giving him CPR. It was a terrifying moment. And that panic wouldn't have been necessary if she'd had access to the drug naloxone (also known as Narcan), which can instantly reverse an overdose.

**F.D.A. Approval of OxyContin Use for Children Continues to Draw Scrutiny** *The New York Times*, October 9, 2015
Ever since the FDA approved the use of the narcotic painkiller OxyContin for certain children in August, it has faced unabated criticism from lawmakers and public officials who are wrestling with devastating rates of prescription opioid abuse in their communities. Last week, Hillary Rodham Clinton brought the issue to the presidential race, calling the agency’s action “absolutely incomprehensible.”

The crux of the issue is whether the agency’s approval will lead to more prescriptions for OxyContin in young patients. For years, the powerful long-acting drug has been prescribed off-label to very sick children in severe pain from cancer or spinal-fusion surgery. (Doctors can prescribe an approved drug to anyone and for any use they see fit regardless of specifications on the label.) The agency’s approval means those doctors will finally have “information about how to do it appropriately,” like dosage recommendations, said Dr. Stephen Ostroff, the agency’s acting commissioner, in an interview.

When the Drug Enforcement Administration announced last year that pharmacies nationwide could accept and destroy customers’ unwanted prescription drugs, experts in substance abuse called it a significant step toward easing the painkiller and heroin epidemic.

One year later, however, the response has been insignificant, dismay ing optimists and leaving communities searching for other strategies. Only about 1 percent of American pharmacies have set up disposal programs, with none of those
belonging to the two largest chains, CVS and Walgreens, which have balked at the cost and security risks, according to government and industry data.

**Addressing the Opioid Epidemic** *JAMA*, October 13, 2015

After alcohol intoxication, opioids are the most common cause of poisoning in patients presenting to North American emergency departments. Most opioids misused by patients originate from prescription medication. Most patients who overdose on prescription opioids are taking their medications differently than prescribed or are using opioids prescribed to someone else. These 2 main types of nonmedical opioid use represent a major cause of morbidity and mortality. Some individuals who misuse opioids are seeking euphoric effects, but others have developed dependence through chronic opioid use and are simply trying to avoid opioid withdrawal. Opioid-related harm has now reached epidemic levels: emergency department visits for nonmedical use of prescription opioids more than doubled from 2004 to 2011, accounting for an estimated 488,000 visits in 2011. Deaths have more than tripled since 1999, with an estimated 16,235 deaths attributable to prescription opioids in 2013.

**F.D.A. Approves a Nasal Spray to Combat Opioid Overdose** *The New York Times*, November 19, 2015

A nasal spray designed to reverse opioid overdoses won approval from the Food and Drug Administration on Wednesday, expanding the options for treating drug overdoses without medical training. Until now, all versions of the overdose reversal drug naloxone were injectable. The spray, called Narcan, will make it easier for ordinary people to treat someone who has taken too much oxycodone, morphine or heroin. Adapt Pharma Inc., the company that makes it, said it would offer the spray at a discount to emergency workers, firefighters and the police.

**F.D.A. Approves Hysingla, a Powerful Painkiller** *The New York Times*, November 21, 2015

The FDA on Thursday approved a powerful long-acting opioid painkiller, alarming some addiction experts who fear that its widespread use may contribute to the rising tide of prescription drug overdoses. The new drug, Hysingla, and another drug approved earlier this year, Zohydro, contain pure hydrocodone, a narcotic, without the acetaminophen used in other opioids. But Hysingla is to be made available as an “abuse-deterrent” tablet that cannot easily be broken or crushed by addicts looking to snort or inject it.

Hysingla, however, will not be not abuse-proof, said officials at the FDA and the drug’s manufacturer, Purdue Pharma. Its extended-release formulation, a pill to be taken once every 24 hours by patients requiring round-the-clock pain relief, will contain as much as 120 milligrams of hydrocodone.

**Broader Strategies Necessary To Counter Painkiller Over Prescribing, Researchers Say** *Kaiser Health News*, December 14, 2015

There’s a prescription drug abuse problem sweeping the United States, but fixing it will require a systematic change focused on how most health professionals prescribe drugs, rather than changing the practices of a few bad apples.

At least, that’s the recommendation put forth in a research letter published Monday in *JAMA Internal Medicine*. Researchers examined Medicare claims from 2013 to see which doctors prescribed opioids — a class of drug that includes OxyContin, morphine and codeine — and how many prescriptions they filled.

**Opioid Overprescribing Not Limited to a Few Bad Apples** *Medscape*, December 16, 2015
An analysis of national Medicare data discounts the notion that a small group of prolific prescribers operating out of corrupt "pill mills" are driving the opioid overdose epidemic in the United States.

The bulk of prescriptions for opioid painkillers are made by the broad swath of general practitioners, not by a limited group of specialists, according to a study from researchers at Stanford University School of Medicine in California. "It's nice to see what I had always suspected was true, which is that the problem is not isolated to a few prolific prescribers. It's really a systemic problem," senior author Anna Lembke, MD, noted in an interview with Medscape Medical News.

A new federal report suggests that misuse of prescription painkillers among teenagers is decreasing, news that heartened officials who remained concerned at the steady numbers regarding marijuana and e-cigarette use.

The percentage of 12th graders who said they had used narcotics other than heroin — generally prescription opioids such as Vicodin and OxyContin — decreased to 5.4 percent from a high of 9.5 percent in the 2004 report. Addiction to the medications has been particularly worrisome because it can lead to heroin abuse, widely considered a continuing epidemic.

CMS demands scrutiny of opioids, antipsychotics in Medicaid Modern Healthcare, December 22, 2015
The CMS plans to more closely track the use of opioids by adults and antipsychotics among children and adolescents with new quality measures for Medicaid and the Children's Health Insurance Program.

The agency issued a notice this month outlining the new measures (PDF), which come amid a national epidemic of opioid abuse and a rising unease with the high rates of antipsychotic medications prescribed to minors for off-label uses.

Kentucky Settles Lawsuit With OxyContin Maker For $24 Million CBSNews, December 23, 2015
The maker of OxyContin will pay Kentucky $24 million over the next eight years as part of the settlement of a longrunning lawsuit that accused the company of misleading the public about the addictiveness of the powerful prescription drug. The state first filed the lawsuit against Purdue Pharma in 2007. The Connecticut-based company has had FDA approval since 1995 to market OxyContin, a type of opioid that can relieve pain and has similar qualities to the illegal drug heroin.

Opioid addiction treatment argued as 'essential' insurance benefit Modern Healthcare, December 24, 2015
Physicians, social workers and consumer advocacy groups are putting pressure on the CMS to require all health plans sold on the federal exchange to cover medications used to treat people with opioid addictions.

More than 28,600 people died in 2014 due to overdoses from prescription painkillers, heroin and other opioids, according to a recent analysis from the Centers for Disease Control and Prevention. The federal government has viewed opioid abuse as a "public health crisis" and last month asked healthcare experts if medication-assisted treatment (MAT) for opioid addiction should be included within the healthcare law's mandated insurance benefits to help address the problem.
Numerous hospital associations, psychiatrists, primary-care physicians, executives at drug-abuse treatment centers and recovering opioid addicts supported the idea in comments to the CMS this week, although several large insurers and pharmacy benefit management companies argued the benefit should be left up to their discretion.

**CDC's opioid prescribing guidelines take more heat** *Modern Healthcare*, December 30, 2015

The clock is ticking on new guidelines from the Centers for Disease Control and Prevention to regulate opioid pain medication prescriptions. The CDC has been receiving some harsh feedback on its strategy, as the country faces a growing number of overdose deaths.

The guidelines are voluntary and meant for treating chronic pain in a primary-care setting. They suggest that physicians use the smallest possible dose of quick-release opioids, and that they consider non-opioid treatment first. They also urge prescribers to use urine drug testing on patients to determine any other drug use.

The omnibus budget deal passed just before the holidays included a requirement that the U.S. Veterans Administration adopt the guidelines. The agency had planned to announce the guidelines earlier, but received criticism for not getting more physician and patient input.


Some users embrace kratom as a natural painkiller and benign substitute for more dangerous substances that, in most states, is legal. But its growing popularity and easy availability are raising concerns among substance abuse experts and government officials who say it is being furtively marketed as a way out of addiction, even though it is itself addictive. Worse, some of those experts say, kratom can lead some addicts back to heroin, which is cheaper and stronger.


A panel of medical experts recommended Tuesday that the FDA approve a new way of treating opioid addicts, using a slender rod implanted into the arm that delivers medicine for months at a time. Some doctors say it could help ease the national epidemic of drug overdoses.

The rod is about the size of a small matchstick and delivers daily doses of buprenorphine — one of the most common medical treatments for opioid addicts — for six-month periods. In controlled doses, buprenorphine can help the body withdraw from opioid addiction, but can also itself be addictive. That risk is increased by the fact that the medicine can be taken only by mouth, requiring patients, often ill from addiction, to manage their daily dosages.


People with short-term pain from injuries or surgery should be given alternatives to prescription painkillers whenever possible and be provided only the minimum amounts if absolutely needed, according to guidelines announced Tuesday by Gov. John Kasich's office.

Alternatives to the class of painkillers known as opioids could include ice, heat, wraps, stretching, massage therapy, acupuncture, seeing a chiropractor or physical therapy, along with medicines that don't have addictive qualities, such as ibuprofen, said Dr. Mary DiOrio, medical director for the state Department of Health.

**Opioid Abuse Takes A Toll On Workers And Their Employers** *NPR*, January 20, 2016
According to one study, prescription opioid abuse alone cost employers more than $25 billion in 2007. Other studies show people with addictions are far more likely to be sick or absent, or to use workers' compensation benefits.

When it comes to workers' comp, opioids are frequently prescribed when pain relievers are called for. How often doctors choose opioids varies by state; an analysis found the highest rates in Arkansas and Louisiana.

*Educate doctors, treat addicts to curb opioid abuse, lawmakers told* *Modern Healthcare*, January 27, 2016
Curbing the nation's heroin epidemic, which has emerged as a major election-year concern among voters, will require educating physicians about their prescribing patterns, and providing more funding for behavioral-health professionals and medication-assisted treatments, lawmakers on the Senate Judiciary Committee were told Wednesday.

Senators from both sides of the aisle expressed support for policy prescriptions offered by three panels of expert witnesses, including public-health officials and law-enforcement officers. Sen. Kelly Ayotte (R-N.H.) urged the committee to take action on the Comprehensive Addiction and Recovery Act, which was first introduced in 2014.

Senators from both parties said they were encouraged by their colleagues' statements, and would push for the bill to move toward a vote. Presidential candidates from both parties have also called for action on the opioid-abuse epidemic.

*Obama Seeks More Than $1 Billion to Fight Opioid Abuse* *The New York Times*, February 3, 2016
The Obama administration said on Tuesday that it would ask Congress to spend an additional $1.1 billion next year to combat a growing epidemic of prescription painkiller and heroin abuse.

Almost half of the new money would be used to expand treatment facilities, which are in short supply in much of the nation.

The other half of the money would go to programs intended to prevent prescription drug overdoses, crack down on illegal sales, and improve access to naloxone, a drug that can rescue those who have overdosed.

*Under Pressure, F.D.A. Adds Measures on Opioid Abuse* *The New York Times*, February 5, 2016
Under pressure from Congress to take action amid a worsening opioid epidemic, the FDA on Thursday announced several measures aimed at dealing with abuse.

Dr. Robert Califf, the acting commissioner and nominee to run the agency, announced the measures in a phone conference with reporters. He said the steps were an attempt by the agency to toughen its response to the crisis, in which tens of thousands of Americans were addicted to the prescription painkillers and were dying of overdoses. He said the actions were part of a broader government effort: Earlier this week, the Obama administration said it would ask Congress to spend an additional $1.1 billion next year on the problem, which would help increase badly needed treatment facilities.

In 1996, pharmaceutical firm Purdue Pharma launched a campaign informing patients and doctors that a new, safe drug was available to combat pain that was not the result of cancer, surgery or trauma. This pill could relieve chronic back pain caused by daily physical demands. And it was safe because it would slowly release its narcotic ingredients, making it unlikely to become addictive, it said. The drug caused a cultural shift in the way physicians treated pain and how
Americans viewed it. “It was this change in prescribing practices that would lead to our public health crisis,” said Dr. Andrew Kolodny, executive director of Physicians for Responsible Opioid Prescribing. Two decades later, the country faces record mortality rates associated with drug overdoses.

Senators Push Protections For Opioid-Dependent Parents, Infants Reuters, February 23, 2016
Key senators said on Tuesday they are crafting a law that would allow states to use federal foster care funds to help opioid-addicted parents raise their infants. The senior Republican and Democrat on the Senate Finance Committee envision the law as part of a comprehensive effort to address the opioid crisis with increased prevention, treatment and law enforcement.

Bill Aims To Curb Narcotics Abuse Among Medicare Recipients Pittsburgh Post-Gazette, February 24, 2016
Older patients who get narcotics prescriptions from more than one doctor or who fill them at more than one pharmacy soon could have to streamline. As part of an effort to prevent opioid abuse, lawmakers are teeing up legislation that would limit Medicare Part D beneficiaries to a single pharmacy and a single provider for narcotics. Medicaid beneficiaries already are subject to those limitations. Senate Finance Committee Chairman Orrin Hatch, R-Utah, said he plans to call a committee vote soon.

APhA Develops Resource Center to Address Challenges with Opioids Pharmacist, March 1, 2016
In its ongoing work to curb the prescription drug and opioid abuse epidemic, the American Pharmacists Association (APhA) announced today the launch of a resource center to serve as a one-stop shop for pharmacists interested in learning more about opioid use, abuse and misuse. The resource center will help educate pharmacists by identifying learning opportunities, highlighting clinical and patient resources, and identifying tools that are useful when working with patients who are prescribed opioids.

How Hospitals are Fighting on the Frontlines of the Opioid Crisis Hospitals & Health Networks, March 2, 2016
With ‘a generation at risk’, health care executives share their strategies and techniques for addressing a horror that knows no barriers.

United States Senate Approves 'Lock-In' Amendment MSN, March 3, 2016
The United States Senate approved an amendment that gives Medicare Part D plans the authority to require at-risk beneficiaries to use a single prescriber and pharmacy for frequently abused drugs.

9 Ways to Use Your Hospital’s Emergency Department to Curb the Deadly Opioid Epidemic Hospitals & Health Networks, March 9, 2016
Looking to tackle health care’s new demands of keeping patients healthy and out of the hospital, Holden quickly realized that he couldn’t do so without addressing the opioid epidemic. As we explored in our March cover story, he and his Massachusetts peers formed a statewide task force and hammered out a list of nine best practices to improve the management of opioid use in hospital emergency departments.

Massachusetts Governor Chokes Up At Painkiller Bill Signing Modern Healthcare, March 14, 2016
An emotional Gov. Charlie Baker on Monday signed what he called the most comprehensive law in the nation to combat an opioid addiction scourge, including a seven-day limit on first-time prescriptions for opiate painkillers. The Republican governor struggled to maintain his composure while recalling families he had met — some standing behind him at the
Statehouse ceremony — who had lost loved ones to a "deadly, merciless epidemic" and others who were desperately seeking help for a family member.

In an effort to curb the worst public health drug crisis in decades, the federal government on Tuesday published the first national standards for prescription painkillers, ending months of arguments with pain doctors and drug industry groups and beginning what officials contended would be more judicious prescribing of the highly addictive medicines.

The release of the new guidelines by the Centers for Disease Control and Prevention ends months of arguments with pain doctors and drug industry groups, which had bitterly opposed the recommendations on the grounds that they would create unfair hurdles for patients who legitimately have long-term pain.

**Patients in Pain, and a Doctor Who Must Limit Drugs** *The New York Times*, March 17, 2016
A growing number of states are enacting measures to limit prescription opioids, addictive medicines that have led to an epidemic of overdoses and deaths.

**FDA bolsters warning on most widely used painkillers** *Modern Healthcare*, March 22, 2016
The US FDA will require new, tougher labeling for immediate-release opioid pain medications that will include a boxed safety warning about misuse in an effort to combat the current drug abuse epidemic.

**Proposal to expand treatment for opioid abuse would make only a dent** *Modern Healthcare*, March 30, 2016
Among the White House's new tools unveiled this week to combat the opioid abuse epidemic is a proposed rule to double the patient load for doctors who prescribe buprenorphine.

The move to bump patient limits from 100 to 200 was met with mixed reactions by health professionals and patient advocates who say physicians often shy away from medication-assisted treatment because they don't have the staff or the financial incentive to prescribe it.

Practitioners seeking the higher patient limit would need to adhere to a number of requirements. Among would be offering patients behavioral health services such as addiction treatment counselors. They would also use patient data to improve outcomes and participate in strategies to prevent patients from giving their prescribed opiates to another person illegally. Practitioners also would need to reaffirm their eligibility every three years.

**Opioid Abuse in Chronic Pain — Misconceptions and Mitigation Strategies** *NEJM*, March 31, 2016
Chronic pain not caused by cancer is among the most prevalent and debilitating medical conditions but also among the most controversial and complex to manage. The urgency of patients’ needs, the demonstrated effectiveness of opioid analgesics for the management of acute pain, and the limited therapeutic alternatives for chronic pain have combined to produce an overreliance on opioid medications in the United States, with associated alarming increases in diversion, overdose, and addiction. Given the lack of clinical consensus and research-supported guidance, physicians understandably have questions about whether, when, and how to prescribe opioid analgesics for chronic pain without increasing public health risks. Here, we draw on recent research to address common misconceptions regarding the abuse-related risks of opioid analgesics and highlight strategies to minimize those risks.

**Pain-Pill Program Shows Healthy Results** *The Columbus Dispatch*, April 5, 2016
The story is a not uncommon one: A person who is injured or undergoes surgery becomes addicted to the prescribed pain pills — and ends up with an even more dangerous medical problem. Officials at the Ohio Bureau of Workers’ Compensation, whose claim fund pays for medication for injured workers, saw dosages so shockingly high that they created a program to spell out a list of permitted drugs and dosages.

**Surgeon General Uses Bully Pulpit To Combat Opioid Crisis** *Politico*, April 8, 2016

If C. Everett Koop became the highest-profile surgeon general ever by giving the AIDS epidemic a national profile, Vivek Murthy wants to be the surgeon general who united America to combat opioid abuse. Over the last few months, Murthy went from stressing nutrition, exercise and the benefits of not smoking to a far more urgent message about the lethal painkillers. He has become a much more visible public figure as he speaks out in Washington and takes his message on the road to communities hard hit by the double whammies of opioid and heroin use.

**Opioid abuse costs U.S. employers $18 billion in sick days and medical expenses** *Modern Healthcare*, April 20, 2016

Opioid abuse could be costing U.S. employers about $18 billion a year in lost productivity and medical expenses, according to a study that also finds employers are paying for one-third of opioid prescriptions that end up being abused.

**FDA reconsiders training requirements for painkillers** The Kansas City Star, April 29, 2016

The Food and Drug Administration is reconsidering whether doctors who prescribe painkillers like OxyContin should be required to take safety training courses, according to federal documents.

A panel of FDA advisers meet next week to review risk-management plans put in place nearly four years ago to reduce misuse and abuse of long-acting painkillers, powerful opioid drugs at the center of a national wave of abuse and death.

**US facing not one, but two opioid epidemics** *The Boston Globe*, May 2, 2016

But there’s a problem with this umbrella term “opioids.” It hides the fact that Americans are actually dying from two separate scourges: some are succumbing to heroin, others to prescriptions drugs like OxyContin, Percocet, and Vicodin.

Reacting to these very different epidemics with a set of policies focused on “opioids” may ultimately prove inadequate, even counterproductive. Because heroin and prescription opioids are killing different people, in different ways, across different parts of the country.

**Opioid Epidemic Fueling Hospitalizations, Hospital Costs** *Kaiser Health News*, May 2, 2016

Every day, headlines detail the casualties of the nation’s surge in heroin and prescription painkiller abuse: the funerals, the broken families and the patients cycling in and out of treatment. Now, a new study sheds light on another repercussion — how this public health problem is adding to the nation’s ballooning health care costs and who’s shouldering that burden.

**‘You want a description of hell?’ OxyContin’s 12-hour problem** *Los Angeles Times*, May 5, 2016

The drugmaker Purdue Pharma launched OxyContin two decades ago with a bold marketing claim: One dose relieves pain for 12 hours, more than twice as long as generic medications. Patients would no longer have to wake up in the middle of the night to take their pills, Purdue told doctors. One OxyContin tablet in the morning and one before bed would provide “smooth and sustained pain control all day and all night.” On the strength of that promise, OxyContin became America’s bestselling painkiller, and Purdue reaped $31 billion in revenue. But OxyContin’s stunning success
masked a fundamental problem: The drug wears off hours early in many people, a Los Angeles Times investigation found.

**Panel: Painkiller training should be required for physicians** *Yahoo Finance, May 4, 2016*
Doctors who prescribe painkillers should be required to undergo training aimed at reducing misuse and abuse of the medications, according to federal health experts, though they acknowledge the challenge of putting such a mandate in place. The group of advisers to the Food and Drug Administration voted unanimously Wednesday that the agency should change its risk-management programs for opioid painkillers, highly addictive medications at the center of a national epidemic of addiction and abuse.

Worse, she said, some of the organization’s doctors were prescribing too many opioids, often to people they had grown up with in the small towns where they practiced and whom they were reluctant to deny. So four years ago, Community Care tried a new approach. It hired an anesthesiologist to treat chronic pain, relieving its primary care doctors and nurse practitioners of their thorniest burden and letting them concentrate on conditions they feel more comfortable treating.

**Prince’s Death Spotlights Overdose Antidote Dilemma** *The Wall Street Journal, May 12, 2016*
Prince’s death last month from a possible opioid overdose highlights the challenge for health officials using the overdose-reversal medication naloxone: getting people saved from overdoses into addiction treatment.

**When the addict is a doctor** *Modern Healthcare, May 14, 2016*
The trend against punitive measures runs into resistance when the addict could cause medical errors
The growing number of Americans with a friend, family member or neighbor affected by heroin or prescription opioid abuse has inspired lawmakers and law enforcement officials to move toward treatment and away from punitive measures such as incarceration. It is an approach some are concerned healthcare providers have not fully embraced when they deal with substance abuse in their ranks.

**State Medicaid agencies limiting opioid prescriptions** *Modern Healthcare, May 26, 2016*
State Medicaid agencies around the country are limiting how many opioids providers can prescribe in an effort to curb the disproportionate number of beneficiaries who are at risk of overdose and death.

**Are Opioids the Next Antidepressant?** *The New York Times, June 4, 2016*
There is obviously a need for extreme caution, but research suggests that certain opioids may actually be useful in treating psychiatric diseases that have proved frustratingly unresponsive to current medications.

**New Opioid Limits Challenge the Most Pain-Prone** *The New York Times, June 6, 2016*
If you’ve come to rely on opioids for chronic pain, as a growing proportion of older adults has, you may have noticed that the drugs are becoming more difficult to get.

**Senators Probe Five Drug Makers on Price of Overdose Antidote** *Bloomberg News, June 6, 2016*
U.S. senators want five drug makers to account for increases in the price of a drug that’s used to reverse the effects of prescription and illegal opioids, as the number of Americans overdosing on painkillers and heroin has skyrocketed in recent years.
New England Governors Converge To Address Opioid Epidemic  *Boston NPR, June 7, 2016*
Pressing for the same or nearly the same limits on opioid prescriptions is one of the ways New England’s Republican and Democratic governors are working together to address the drug epidemic. The six regional governors gathered in Boston Tuesday for an opioid panel. (Including Vermont Governor Shumlin, Conference Speaker)

*I told my doctors my drug history. Yet they gave me opioids without counseling.*  *STAT, June 9, 2016* Recovering substance abusers need to be warned of the risks of short term treatment with opioids.

*An ER Kicks the Habit of Opioids for Pain*  *The New York Times, June 10, 2016*
Instead of opioids, an ER in New Jersey now treats many pain patients with alternatives like laughing gas, trigger-point injections and even a therapy harp.

*As views change on opioids, patients and providers find few other options for managing pain*  *Modern Healthcare, June 11, 2016*
While patients like O’Brien often struggle to get reimbursed by insurers for the cost of non-opioid pain treatments such as physical therapy, consumer out-of-pocket spending for opioid prescriptions has declined over the years because of increases in coverage by Medicare and health plans. According to a study published in May in Health Affairs, out-of-pocket spending on opioids (measured per 100 morphine milligram equivalents) fell nearly 80% from 2001 to 2012.

By contrast, many public and private insurers place limits on the amount of physical therapy they will pay for. Medicare Part B reimbursement, for example, maxes out at $1,960 for physical therapy unless a patient qualifies for an exception.

And it’s not only consumers who have a hard time finding alternatives to opioids. Even now that the overuse of the drugs is fingered as a culprit in the overdose epidemic, providers say they struggle to get paid by insurers for alternative therapies compared with the ease of prescribing an opioid.

*By Sharing Painkillers, Friends And Family Members Can Fuel Opioid Epidemic: Study*  *Kaiser Health News, June 13, 2016*
As lawmakers grapple with how best to combat the nation’s prescription painkiller abuse crisis, a recent survey is shedding light on how patients who get these medications - drugs such as OxyContin, methadone or Vicodin — sometimes share or mishandle them.

According to findings detailed in a research letter published Monday in JAMA Internal Medicine, about one in five people who were prescribed the highly addictive drugs reported having shared their meds with a friend, often to help the other person manage pain. Most people with a prescription either had or expected to have extra pills left after finishing treatment. And almost 50 percent didn’t know how to safely get rid of the drugs left over after their treatment was complete, or how to store them while going through treatment.

*Opioids linked with deaths other than overdoses, study says*  *Modern Healthcare, June 15, 2016*
Accidental overdoses aren't the only deadly risk from using powerful prescription painkillers—the drugs may also contribute to heart-related deaths and other fatalities, new research suggests.

**AMA seeks move toward opioid alternatives** *Modern Healthcare*, June 16, 2016
The largest medical society in the nation is calling for a bevy of actions that would ease physicians' prescriptions of alternatives to opioids and support tools for preventing overdose.

The AMA's House of Delegates called for the group to oppose any barriers that could limit patient access to evidence-based non-opioid and non-pharmacological pain therapies.

The group also voted in favor of efforts to remove pain as a vital sign in professional standards, as well as disconnecting patient satisfaction scores from questions related to the evaluation and management of pain.

**Failure to add funding could doom opioid bill** *Modern Healthcare*, July 6, 2016
Efforts spearheaded by Democratic legislators to include more than $900 million for combating the opioid abuse epidemic failed in a congressional conference committee vote on Wednesday.

Negotiations on the proposed Comprehensive Addiction and Recovery Act, versions of which overwhelmingly passed in both the House and Senate, became embroiled in partisan debate. Two amendments sponsored by Democratic conferees would have dedicated up to $920 million in new spending for states to provide opioid addiction treatment and prevention services.

**More than 1 million OxyContin pills ended up in the hands of criminals and addicts. What the drugmaker knew** *Los Angeles Times*, July 10, 2016
At its headquarters in Stamford, Conn., Purdue Pharma, the maker of OxyContin, tracked the surge in prescriptions. A sales manager went to check out the clinic and the company launched an investigation, concluding that Lake Medical was working with a corrupt pharmacy in Huntington Park to obtain large quantities of OxyContin.

Purdue did not shut off the supply of highly addictive OxyContin and did not tell authorities what it knew about Lake Medical until several years later when the clinic was out of business and its leaders indicted.

By that time, 1.1 million pills had spilled into the hands of Armenian mobsters, the Crips gang and other criminals.

**Looking at root causes of opioid addiction in the U.S.: ‘We as physicians aren’t properly educated’** *St. Louis Public Radio*, July 13, 2016
In U.S. medical schools, a total of nine hours is required in pain management training for doctors. That’s 0.3% of total time in medical school and, to compare, veterinarian schools spend more than 500x more time spent learning to treat pain in animals.

**Did new addiction treatment bill miss an opportunity to strengthen state drug-monitoring programs?** *Modern Healthcare*, July 19, 2016
Patient advocates say a bill passed by Congress last week that ostensibly decriminalizes drug addiction will no doubt open doors for those seeking treatment. But others say the legislation is a lost opportunity to strengthen the country's ability to track opioid prescriptions.
An older version of the Comprehensive Addiction and Recovery Act boosted states grants to run programs that flag over-users of prescription drugs only if the states required physicians to check the databases before they wrote a prescription.

**Study: Medicare Beneficiaries May Face ‘Treatment Gap’ For Painkiller Abuse, Misuse** *Kaiser Health News, July 20, 2016*

When most people think of the victims of the nation's opioid abuse epidemic, they seldom picture members of the Medicare set. But a research letter published Wednesday in JAMA Psychiatry found Medicare beneficiaries had the highest and most rapidly growing rate of “opioid use disorder.” Six of every 1,000 recipients struggle with the condition, compared with one out of every 1,000 patients covered through commercial insurance plans.

**Obama signs compromise drug-abuse bill into law** *Modern Healthcare, July 24, 2016*

President Barack Obama on Friday signed into law a bill to curb abuse of heroin and opioid drugs, even as he expressed bitter disappointment with Republicans for not providing more money for addiction treatment.

The Comprehensive Addiction and Recovery Act of 2016 creates programs and expands treatment access for what has become a nationwide epidemic. The bill authorizes $181 million in new spending; Obama had asked Congress for more than $1 billion.

**The nation’s opioid crisis garners attention at party conventions** *The Washington Post, July 26, 2016*

The nation’s epidemic of opioid abuse, which has killed thousands of people over the past decade through powerful prescription painkillers and heroin, has taken on a prominent role at the Democratic National Convention — a sign of the issue’s growing importance in both parties.

**Teaching Future Doctors About Addiction** *Kaiser Health News, August 2, 2016*

Americans are overdosing at epidemic rates on opioids such as heroin and prescribed painkillers, and the nation’s doctors are inadequately prepared to help, according to some public health experts. They say the shortfall begins in medical school.

**Private insurers see 3,200% increase in claims related to opioid dependence** *Modern Healthcare, August 3, 2016*

The number of claims made to private health insurers that include a diagnosis of opioid dependence rose by more than 3,200% in the past decade, according to a report released Tuesday.

**Turn the Tide Rx: The Surgeon General’s Call to End the Opioid Crisis** August 29, 2016 The US Surgeon General, Vivek H. Murthy, MD, MBA, calls for an end to the opioid crisis.

**Doctors Will Play a Critical Role in the Opioid Epidemic** *New York Times, August 30, 2016*

About half of opioid overdose deaths involve prescription drugs. With that stark fact in mind, the surgeon general, Dr. Vivek Murthy, sent an unusually direct plea last week to 2.3 million doctors and other health care workers to help fight the opioid epidemic by treating pain “safely and effectively.” A website for his “Turn the Tide” campaign highlights alternative, nonaddictive treatments for pain. Not only doctors but also policy makers, insurance companies and other players in the health care system should pay attention.
**Study: Health Spending Related To Opioid Treatment Rose More Than 1,300 Percent** *Kaiser Health News*, September 12, 2016
The nation’s ongoing opioid problem comes with staggering physical and emotional costs to patients and families. But the dollar cost to the health system has been harder to peg. Now a new report shows a more than 1,300 percent rise in spending by health insurers in a four-year period on patients with a diagnosis of opioid dependence or abuse.

The makers of prescription painkillers have adopted a 50-state strategy that includes hundreds of lobbyists and millions in campaign contributions to help kill or weaken measures aimed at stemming the tide of prescription opioids.

**Secret trove reveals bold ‘crusade’ to make OxyContin a blockbuster** *STAT*, September 22, 2016
Abbott’s relationship with Purdue and its part in building the OxyContin brand are detailed in previously secret court filings unsealed by a Welch, W.Va., state court judge at the request of STAT. The records were part of a case brought by the state of West Virginia against Purdue and Abbott that alleged they inappropriately marketed the drug, causing users to become addicted to the opioid. The case was settled in 2004 when Purdue agreed to pay $10 million to the state. Neither company admitted any wrongdoing. The documents include internal Abbott and Purdue memos, as well as sales documents and marketing materials. They show that Abbott sales reps were instructed to downplay the threat of addiction with OxyContin and make other claims to doctors that had no scientific basis. The sales reps from the two companies closely coordinated their efforts, met regularly to strategize, and shared marketing materials.

**Feds Hope Innovation, Competition Can Stem Tide of Opioid Deaths** *H&HN Magazine*, September 23, 2016
FDA announces app competition, seeking technological solutions to addressing heroin and painkiller overdoses.

Drug overdoses have surpassed car crashes as the number one cause for accidental death in America, with a staggering 47,000 lives lost to addiction in 2014 alone. However, the systems largely responsible for combatting the disease of opioid addiction – public policy, insurance and criminal justice - are just beginning to publicly address the problem, and in some cases, even hinder the pursuit of safe and effective treatments.

Cancer patients taking high doses of opioid painkillers are often afflicted by a new discomfort: constipation. Researcher Jonathan Moss thought he could help, but no drug company was interested in his ideas for relieving suffering among the dying. So Moss and his colleagues pieced together small grants and, in 1997, received permission to test their treatment. But not on cancer patients. Federal regulators urged them to use a less frail — and by then, rapidly expanding — group: addicts caught in the throes of a nationwide opioid epidemic. Suddenly, Moss said, investors were knocking at his door.
‘Watching the ship sink’: Why primary care doctors have stayed out of the fight against opioids STAT, October 19, 2016
In the face of one of the country’s most pressing and fastest-growing public health crises, few primary care doctors treat substance abuse disorders, even though they are uniquely positioned to recognize problems and help patients before it’s too late. Instead, many primary care doctors follow an old script: Refer patients to addiction centers and Narcotics Anonymous, and move on.

To help combat his state’s drug crisis, Gov. Peter Shumlin would use severity and duration of pain to determine limits for prescriptions of opioids.

Investigation: The DEA slowed enforcement while the opioid epidemic grew out of control Washington Post, October 22, 2016
The Washington Post investigates how DEA enforcement has changed over the last several years and the impact on distribution of opioids by major distributors and manufacturers.

Drug maker thwarted plan to limit OxyContin prescriptions at dawn of opioid epidemic STAT, October 26, 2016
The warning signs of what would become a deadly opioid epidemic emerged in early 2001. That’s when officials of the state employee health plan in West Virginia noticed a surge in deaths attributed to oxycodone, the active ingredient in the painkiller OxyContin. They quickly decided to do something about it: OxyContin prescriptions would require prior authorization. It was a way to ensure that only people who genuinely needed the painkiller could get it and that people abusing opioids could not. But an investigation by STAT has found that Purdue Pharma, the manufacturer of OxyContin, thwarted the state’s plan by paying a middleman, known as a pharmacy benefits manager, to prevent insurers from limiting prescriptions of the drug.

Two senators asked Attorney General Loretta E. Lynch Wednesday to explain a sharp drop in the number of enforcement actions against large pharmaceutical distributors and others by the Drug Enforcement Administration. Sen. Patrick J. Leahy (D-Vt.) and Sen. Ron Wyden (D-Ore.) requested a wide variety of information about cases brought by DEA’s Diversion Control Division in the wake of a Washington Post investigation published over the weekend.

Opiate prescriptions down at the VA, alternatives on the rise Reveal, October 26, 2016
The Department of Veterans Affairs is doling out narcotics to 160,000 fewer veterans than it was three years ago, a reduction of nearly 25 percent, and alternative treatments are on the rise. Government prescription data also shows that the number of veterans receiving prescriptions for both a narcotic and a tranquilizer, a combination that often leads to overdose, has been cut in half. Although some veterans complain that the alternatives remain sparse, experts say the change – which followed a 2013 investigation by Reveal from The Center for Investigative Reporting – is likely saving lives.
Data on Drug Use Is Disappearing Just When We Need It Most *FiveThirtyEight*, June 29, 2017
It’s no secret that heroin has become an epidemic in the United States. Heroin overdose deaths have risen more than sixfold in less than a decade and a half. Yet according to one of the most widely cited sources of data on drug use, the number of Americans using heroin has risen far more slowly, roughly doubling during the same time period. Most major researchers believe that source, the National Survey on Drug Use and Health, vastly understates the increase in heroin use. But many rely on the survey anyway for a simple reason: It’s the best data they have. Several other sources that researchers once relied on are no longer being updated or have become more difficult to access. The lack of data means researchers, policymakers and public health workers are facing the worst U.S. drug epidemic in a generation without essential information about the nature of the problem or its scale.

Short Answers to Hard Questions About the Opioid Crisis *New York Times*, August 3, 2017
This week, President Trump’s commission on combating the opioid crisis, led by Gov. Chris Christie of New Jersey, recommended that the president declare a national emergency. The problem has become significantly worse recently, so you might feel that you could use a little catching up. Here are 11 things you need to know.