



# View From the Pyramids: An Opioid Update

AAOJ Editor-in-Chief Brian E. Kaufman, DO, FACOI, FACP

## EDITORIAL

In the June 2016 “View From the Pyramids,” I wrote about the new Centers for Disease Control and Prevention guidelines on chronic pain management. This message will serve as an update of how we have been progressing here in Maine. I wish I could report that my fears and worries were needless but unfortunately the wolf actually showed up at our door.

To recap: In March 2016, the CDC released [guidelines for prescribing opioids for chronic pain](#),<sup>1</sup> providing recommendations for primary care clinicians for prescribing opiates. Despite the title, the goal was clearly to serve as an intervention for reducing overall opiate diversion for use on the street. In Maine, we passed legislation that limits every patient to 100 morphine equivalents. As one colleague who specializes in addiction treatment wrote in the Portland Press Herald, “I should be thrilled.... A glorious new dawn awaits!”<sup>2</sup> But the recommendations and subsequent legislation revealed a lack of understanding of both chronic pain and substance use disorder management and have served to muddy the waters.

From 2010 to 2014 and until today, there has been a significant increase in overdoses and deaths from heroin and fentanyl. This trend has been noted nationally but to an exaggerated degree in Maine. During this same time period, overdoses and deaths from methadone have decreased, and prescribed medications have decreased.<sup>3</sup> The causes are multifactorial but in part due to increased awareness by physicians of substance use disorder and diversion. During the same 4 years, here in Maine, the amount of funding for the treatment of addiction has decreased significantly.<sup>4</sup>

So, what has been accomplished so far? The primary care doctors stopped prescribing controlled meds and congratulate themselves for not contributing to the problem; many legitimate chronic pain patients have had medication doses reduced and have destabilized with some needing to stop working because they can no longer function; pharmacies routinely call my office and yell at my staff and me because “we are breaking the law and don’t know what we are doing;” the legislators pat themselves on the back for doing something about the opiate crisis; and the local hospital pain man-

agement center fires patients like crazy because of concerns over exposure risk. In terms of addiction, there are fewer options for patients to get medication treatments, more have turned to heroin or fentanyl, and the overdose rate has risen.

Solutions do exist, but they require a sea change in approach. The CDC’s goal was to decrease opioid exposure and, I surmise, to improve the state of addiction care. Availability of illicit pharmaceuticals has dropped but with a sharp rise in illicit opioid use. To improve addiction care, we need to shift from supply-side intervention, using law enforcement and arrests, and move towards demand-side intervention, providing access to medication-assisted treatment and support.

This change will happen only if our society stops treating addiction as a moral weakness, a shameful secret to be hidden away, and starts viewing it as a medical issue and mental illness.

Additionally, addiction evaluation and treatment is complex, and it is best treated by those with appropriate knowledge and experience. In the end, patients should be able to receive expert, non-judgmental compassionate treatment without being stigmatized. I can think of no better group to lead this change than osteopathic physicians.

## References

1. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recomm Rep* 2016;65(No. RR-1):1–49. doi: <http://dx.doi.org/10.15585/mmwr.rr6501e1>. Accessed May 25, 2017.
2. Norris M. Letter to the editor: Response to opioid crisis. Portland Press Herald website. <http://www.pressherald.com/2017/01/03/letter-to-the-editor-misguided-response-to-opioid-crisis/>. Published January 3, 2017. Accessed May 31, 2017
3. Diomedes T. SEOW Special Report: Heroin, Opioids, and Other Drugs in Maine. [http://www.maine.gov/dhhs/samhs/osa/data/cesn/Heroin\\_Opioids\\_and\\_Other\\_Drugs\\_in\\_Maine\\_SEOW\\_Report.pdf](http://www.maine.gov/dhhs/samhs/osa/data/cesn/Heroin_Opioids_and_Other_Drugs_in_Maine_SEOW_Report.pdf). Published October 2015. Accessed May 25, 2017.
4. Russell E. Funding to fight opiate crisis falls as deaths surge. Portland Press Herald website. [www.pressherald.com/2016/08/28/funding-to-fight-opiate-crisis-falls-as-deaths-surge/](http://www.pressherald.com/2016/08/28/funding-to-fight-opiate-crisis-falls-as-deaths-surge/). Published August 28, 2016. Accessed May 25, 2017.