Vera Institute of Justice

Criminal Justice Issues and Prisoners' Rights

https://www.vera.org/blog/i-stop-a-good-start-but-more-needs-to-be-done-in-the-fight-against-prescription-drug-abuse-current-thinking-i-stop-a-good-start-but-more-needs-to-be-done-in-the-fight-against-prescription-drug-abuse

Public Facing Advocacy Writing

New York City is not immune to the nationwide epidemic of opioid prescription drug abuse, addiction, and overdose deaths. From 2000 to 2012, overdose deaths involving prescription opioids increased 222 percent citywide, and 10 percent of students in grades 7 to 12 surveyed in 2008 reported using these drugs recreationally. In addition, public health professionals are reporting evidence that some young people who develop dependency to prescription opioids eventually transition to heroin, driven in part by the greater availability and lower cost. The economic costs of this epidemic are astronomical: in 2006, the cost of non-medical use of opioids in the United States was estimated at $53 billion. The lions share of that cost is due to lost productivity with the second largest portion, 15 percent, due to criminal justice costs.

In a bid to stem the tide, the Internet System for Tracking Over-Prescribing (I-STOP) Act was signed into New York state law in August 2012. At the end of 2013, I-STOP came fully into effect, requiring that all medical practitioners consult the states prescription drug monitoring program (PDMP) prior to prescribing opioid painkillers like oxycodone, morphine, or fentanyl, among other provisions.

This access to real-time data will allow prescribers and the New York State Department of Health (DOH) to track so-called doctor shoppers, people who go from doctor to doctor in an attempt to obtain multiple prescriptions for opioids and other controlled substances. The DOH will also be able to use this data to find and report those prescribers suspected of breaking the law or breaching medical ethics rules.Importantly, the data in the PDMP will also allow providers to make informed treatment decisions and identify patients who are abusing or dependent on their medications and may require services to address substance dependence.

I-STOP, in combination with other measures that New York has in place to combat the rise in prescription drug abuse and overdoseincluding the creation of a safe disposal program and the dispensing of rescue drugs that prevent people from dying during an overdoseis a big step in the right direction, but its not a magic bullet.This strategy must also include evidence-based substance abuse treatmentincluding opioid maintenance therapy, such as methadone or buprenorphineand cognitive behavioral therapy. While I-STOP promises to reduce doctor shopping, it will not fully address the misuse of pain medications that are legitimately prescribed.The vast majority of opioids that are abused are legitimately prescribed and are not obtained through doctor shopping. Therefore, prevention efforts must also be directed at reducing the number of prescriptions for opioids being issued.Opioids are not the only, and frequently not the best, treatment for all types of pain and they do not necessarily improve patient functioning. For many, the pain relief provided by opioids fades over time, while the risk for side-effects, including dependency, increases.

Theoretical and empirical evidence supports a comprehensive approach to pain management that focuses on functional improvement, as opposed to simply pain reduction, including options like surgical intervention, physical therapy, and psychological treatment.Clinical guidelines also suggest that opioids should primarily be used in conjunction with other forms of treatment, and when other non-opioid interventions have failed or are not likely to effective.

Taking an approach that promotes the use of a range of pain management tools without denying needed pain management, while reducing our reliance on potentially harmful medications, is one way to slow the development of abuse and addiction.To address spiraling rates of overdose and reduce the costs to our health and criminal justice systems, patients and providers need to be educated on the efficacy of non-opioid pain management interventions.In addition, we must fund research on the best practices for providing non-opioid and comprehensive pain treatment, and increase the availability of these services in our communities.

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