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Roundtable on Pain Management
Bipartisan Addiction and Mental Health Task Force
U.S. House of Representatives
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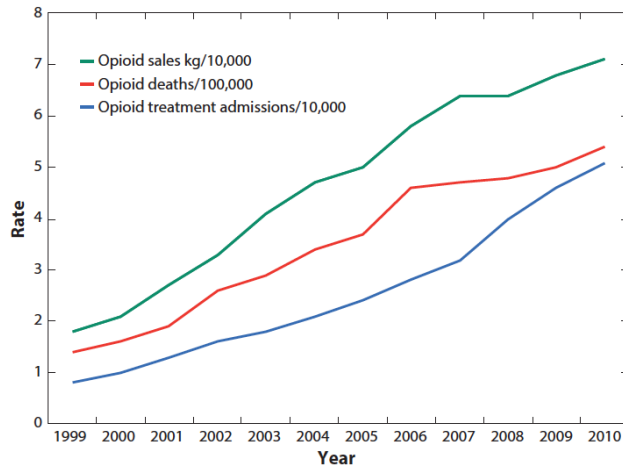
Members of the task force, thank you for the opportunity to participate in today's roundtable discussion on pain management.

The opioid crisis is best understood as an epidemic of opioid addiction. When I use the term "epidemic" I am referring specifically to the very sharp increase in the number of Americans suffering from opioid use disorder that occurred over the past 25 years. During the first 12 years of the epidemic, there was a 900% increase in the number of Americans seeking treatment for addiction to prescription opioids. It is the increased prevalence of opioid use disorder that explains why we are experiencing record high levels of opioid-related overdose deaths. It is the reason we are seeing fentanyl flood into our communities. It is the reason we have seen a soaring increase in infants born opioid dependent and children entering the foster care system and outbreaks of injection-related infectious diseases and an impact on our workforce.

When the opioid crisis is framed properly, as an epidemic of addiction, the strategies for bringing the epidemic to an end become clear. We must 1) prevent more Americans from becoming opioid addicted and 2) we must ensure easy access to effective addiction treatment.

I would like to focus the remainder of my statement on the Opioid Patients Right to Know Act, which would incentivize states to implement a common-sense opioid addiction prevention measure--- requiring clinicians to warn patients about opioid risks before an opioid is prescribed. Evidence from a survey of opioid prescribers in New Jersey, a state that mandated opioid risk warnings a few years ago, shows that this legislation works. Prior to enactment, only 18% of opioid prescribers surveyed warned patients about the risk of opioid addiction when prescribing opioids. After enactment of the mandate, 95% routinely warned patients about the risk of addiction. About half of the prescribers (53%) were not aware that physiological dependence on opioids begins within one week of daily use.

The need for this law becomes clear when we look at the cause of our opioid addiction epidemic, a topic the Centers for Disease Control and Prevention (CDC) has been very clear about. The CDC has shown that a sharp increase in prescriptions for opioids resulted in a corresponding rise in addiction and overdose deaths.



This is a CDC graph. The green line represents opioid prescribing, the red line represents opioid deaths, and the blue line represents opioid addiction. As the green line went up, as opioid prescriptions started to soar, it led to parallel increases in addiction and overdose deaths.

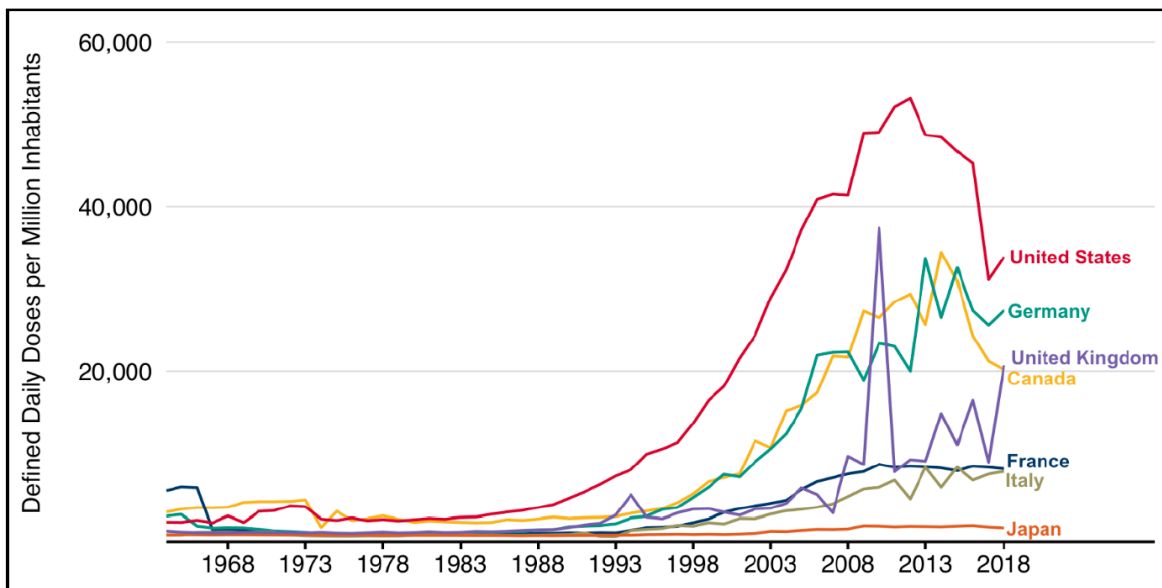
The reason the green line began rising, the reason the medical community began prescribing so aggressively, is because we (doctors) were responding to a brilliant, multi-faceted marketing campaign that changed the culture of opioid prescribing. Starting in the 1990s, we began hearing that patients were suffering because we were too stingy with opioids. We began hearing that we should stop worrying about addiction. We began hearing that even with long-term use, the risk that a patient would get addicted was much less than 1%. We began hearing that opioids were safe and effective for chronic pain and that we could improve the quality of life in our patients if we prescribed more liberally.

It may be hard for you to believe that in the midst of our opioid addiction epidemic, doctors are still overprescribing, but they are. No other country on earth consumes as much opioids as the United States. A report by the Congressional Research Service published last month found that even when compared to other G7 nations we consume more far more prescription opioids.

According to the CRS report: “Prescribing practices of health care providers appear to be a primary factor affecting consumption. U.S. health care providers prescribe opioids more frequently, at higher doses, and throughout more stages of pain treatment—including as a first-line treatment—than their European counterparts. Use of higher-potency opioids—with greater morphine milligram equivalents (MMEs) per dose—appears especially high in the United States compared with other countries.”

Figure I. Total Opioid Consumption for G-7 Countries

Defined daily doses per 1 million inhabitants: 1964-2018



Millions of dollars were spent misinforming the American medical community about opioids. But very little has been invested to correct the record. That is why cannot rely on prescribers to voluntarily warn patients and that is why the Opioid Patients Right to Know Act is desperately needed. By mandating opioid risk warnings, we can ensure that both prescribers and patients understand the addictive potential of prescription opioids.

The opioid crisis is, at its core, an epidemic of opioid addiction. An epidemic of a preventable and treatable disease. Until patients and prescribers are better informed about opioid risks and until opioid consumption returns to rational levels, millions more American will develop the dreadful disease of opioid addiction and the epidemic will continue unabated.