

On Jan. 23, The New York Post announced New York City Mayor Bill de Blasio was suing major pharmaceutical companies for \$500 million, alleging they contributed to the opioid crisis. It is the latest of many lawsuits against powerful drug companies, ones de Blasio calls "corporate drug pushers." He added, "It's time for Big Pharma to pay for what they've done."

According to a report from The Advisory Board, a consultancy that helps health care organizations with improvement efforts, "the opioid epidemic is one of the most pressing public health issues in the United States." The study notes that "more than a quarter of a billion opioid prescriptions were dispensed in 2013" and that "inappropriate prescribing practices and patient susceptibility to tolerance and physical dependence often lead to opioid misuse, abuse and addiction" (Reducing Opioid Misuse and Abuse, 2017).

The Centers for Disease Control and Prevention reports that eighteen out of every 100 Americans have either used illicit drugs or misused their prescriptions. Further, opiod deaths continue to increase, killing more than 42,000 people in 2016. Opioid deaths, in fact, were five times higher in 2016 than they were in 1999.

While most prescriptions are written for patients who have undergone surgery, are suffering from pain contracted through injury, or are cancer patients, others are written to manage chronic pain despite little evidence to support this being an effective treatment modality. Quoting a study from the Journal of American Medicine, The Advisory Board described a research study involving 240 Veterans Affairs patients who had chronic back pain and hip or knee pain that affected daily activities. Key findings indicated that opioids were not more effective than Tylenol.

About a decade ago, pharmaceutical lobbyists persuaded the Joint Commission, the accrediting agency for most hospitals in the U.S., to list pain management as the fifth vital sign. Patient satisfaction was measured on how well pain was managed, leading to more prescriptions for pain management. Pharmaceutical companies also sponsored continuing medical education events that provided the benefits of opioid prescriptions. Advertising and lobbying were also heavily financed to promote drugs to both physicians and patients.

There is no simple cure for this crisis. For hospitalized patients, medical alerts can be hardwired electronically to ensure that opioids are prescribed and taken safely. Prescriptions can be limited to ten pills at a time (not thirty or sixty). CVS Pharmacy will now provide a sevenday prescription and one that is shortacting (Time). Educating physicians about the safety and effectiveness of opioids is essential, as well. Patients, too, need to be held accountable and seek alternative ways to manage their pain. The pharmaceutical industry, too, is working to devise controls.

The effort to control the crisis will need to be as massive as the promotional effort that created it.

For more information:

"CVS Pharmacy Will Limit Prescriptions for Opioids." Time. Retrieved from: http://time. com/4952176/cvs-pharmacy-opioid-epidemic/

"Reducing Opioid Misuse and Abuse." Advisory Board. Retrieved from: https://www.advisory. com/research/pharmacy-executive-forum/researchreports/2017/reducing-opioid-misuse-abuse

"Opiod Basics" Centers for Disease Control and Prevention. 2017. Retrieved from https://www. cdc.gov/drugoverdose/opioids/index.html.

MAIRE O. SIMINGTON (Arizona State University) is on the faculty of the School of Community Health Sciences at the University of Nevada, Las Vegas. She is a graduate of Hofstra University, the University of Phoenix, and Arizona State University. She is a peer reviewer for the Journal of American Culture and the Journal of Healthcare Management. Email her at msimington1@cox.net.