

# San Francisco Chronicle

## **It takes the efforts of us all to end the opioid epidemic**

By Marcus Thygeson, Opinion Editorial

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The recent death of Prince illustrates just how dangerous prescription opioids (narcotics) are. Prince was an otherwise clean-living man who evidently started taking prescription opioid pain relievers for chronic joint pain, and eventually died of an accidental overdose of a drug, fentanyl, he should never have been prescribed. And Prince is not alone.

The latest evidence is that about 1 in 500 people who take opioids for chronic pain longer than 90 days will be dead from opioid related toxicity in an average of 2½ years. Opioids are great for short-term treatment of acute pain, but there is no good evidence that they work for chronic pain, and in my experience as a practicing physician, they typically make chronic pain problems worse.

At the national policy level, the opioid crisis came into focus this week when Congress overwhelmingly passed the [Comprehensive Addiction and Recovery Act](#), which awards grants to state, local and tribal governments to provide opioid-abuse services.

Since I started practicing medicine in California in the 1980s, the amount of opioids prescribed in the United States has increased sevenfold. Today, Americans consume more opioids than any other country. I was taught in medical school that opioids are addicting and chronic use should be avoided.

But in the mid-1990s, a campaign to liberalize the approach to pain management, sponsored in large part by pharmaceutical manufacturers, led to a change in prescribing patterns. The result is an epidemic of opioid overuse and misuse, with a growing number of opioid addicts needing treatment and skyrocketing numbers of accidental overdoses and deaths. Simply standing by while our members, friends and family suffer is no longer an option — it's time that we take action to develop a better culture around pain management.

I have spoken with the parents of young Blue Shield members who died from accidental overdoses; I have reviewed medical records from their physicians that clearly show a casual approach to opioid prescribing; and I have come to realize that every year far too many of our members are harmed or killed by opioids.

In 2011, the Centers for Disease Control and Prevention declared the overuse and misuse of opioid medications an epidemic. At Blue Shield of California, we've launched a narcotic safety initiative that aims to reduce the amount of opioids dispensed to our members by 50 percent by the end of 2018. By helping people on high doses shift to lower, safer doses and by helping those not yet on chronic opioids to stay off them, we've partnered with our network physicians and community stakeholders to meet this goal.

In late June, the California Health Care Foundation published a [report](#) that captures what California health plans are doing to reduce opioid use. The study examines specific approaches that organizations like ours are taking to address the opioid problem among their members and in their communities, such as more effective long-term treatment options, coordination with health care providers and collaboration with the U.S. Department of Justice, which oversees the state's prescription-drug monitoring database.

This is an issue everyone in health care must work together to solve. Chronic pain can be difficult to deal with, but it's possible to manage most chronic pain without opioids. It will take time for us to reverse the opioid epidemic, but in partnership with policy-makers and the medical community, we can and will do it.