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Training for Massachusetts Addiction Professionals

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Prescription Monitoring Program Shows Results-But Fentanyl Big Concern

In May 2017, the Massachusetts Department of Public Health (DPH) released data on the prescription-monitoring program (PMP). DPH established PMP in 1992; however, not all prescribers enrolled. In October 2016, it became mandatory for prescribers and pharmacies to enroll and report all written and filled Schedule II-V prescriptions.

In addition to tracking prescriptions, PMP enables the tracking of “individuals of concern,” people who received Schedule II-V opioid prescriptions from four or more providers and had them filled at four or more pharmacies in a three-month period. During the first quarter of 2017, registered providers conducted over 1.5 million searches—a 500 percent increase over the number of database queries during the first quarter of 2015. Approximately 297,000 individuals in Massachusetts received prescriptions for Schedule II opioids in the first quarter

of 2017; a 24 percent decrease from the first quarter of 2015. Learn about DPH overdose data.

While this is promising news, there has been an increase in fatal overdoses in Massachusetts. In 2016, there were 2,069 overdose deaths reported, a 17 percent increase from 2015. This is attributed to increased availability of fentanyl. Of the 2016 fatal overdoses where a toxicology screen was available, 69 percent had a positive screen result for fentanyl, while prescription opioids were present in 9 percent.

Opioids & Unemployment

According to recent statistics from the Center for Disease Control, opioid related deaths have quadrupled since 1999. A new study published by the national Bureau of Economic Research suggests unemployment might be one of the factors behind that dramatic rise. Published in February 2017, the study finds that as the unemployment rate increases by 1 percentage point in a given county, the opioid death rate rises by 3.6 percent and emergency-room visits rise by 7 percent.

The study's authors suspect increased use of painkillers is a “physical manifestation of mental-health problems that have long been known to rise during periods of economic decline.” In other words, depression and pain are twin agonies—not only does depression make people more sensitive to pain, opioids have been shown to help relieve depressive symptoms.

This isn’t the only study to link joblessness with use of painkillers. Past studies have found people who are unemployed are more likely to use illegal drugs than full-time workers. These studies lend support to the idea of Princeton economists Anne Case and Angus Deaton that many opioid overdoses are "Deaths of Despair."

Europeans have also suffered joblessness during the global recession, but statistics show they are not overdosing at levels found in the United States. Explanations for this could include the fact that many European countries have stronger social-safety nets which can soften the trauma of unemployment and socialized health-care systems in which prescription records tend to be centralized.

The study's authors are careful to note that pure financial strain doesn’t explain the full “deaths of despair” picture. Rather, overdoses, suicides, and alcohol use are all driven by what they call “cumulative distress,” or the overall “failure of life to turn out as expected.”

A Different Approach to the War on Drugs

The War on Drugs and its associated policies have fostered lethal drug overdoses, high incarceration rates, and the rapid spread of HIV and hepatitis C among drug users and prison populations. The impact of these policies are also combined with racial biases in policing, arrests, and sentencing. The U.S. has the highest incarceration rates of any country in the world. According to the Federal Bureau of Prisons, 46 percent of all federal inmates are incarcerated for drug offenses.

Despite no significant difference in drug use between people who are white and black, black men are five times as likely to be imprisoned for drug offenses in their lifetime. Much like how alcohol prohibition gave rise to criminal activity, the War on Drugs has resulted in a $300 billion illegal, violent drug market. This is evident in countries like Mexico where, according to the latest drug threat assessment from the U.S. Drug Enforcement Administration, 7 drug cartels control virtually the entire U.S. drug trade. Policies intended to prohibit or greatly suppress drugs are portrayed and defended as necessary to preserve public health and safety, yet the evidence suggests they have contributed directly and indirectly to lethal violence, communicable diseases, and discrimination.

The best approach to drug policy follows years of research—namely neuroscience—that shows addiction is a disease that needs to be treated (as opposed to incarcerating those who use drugs). However, people living with substance use disorder often face barriers in finding treatment, including being wait-listed for available beds and lack of insurance. Fear of incarceration can also contribute to someone who is pregnant not seeking pre-natal care. Additionally, active intravenous drug users often do not have the means to inject safely. The lack of needle exchanges or access to clean syringes in many states directly contributes to the spread of infectious diseases as was evident in the rapid spread of an HIV outbreak in Scott County, Indiana in 2015.

It is time for a larger focus on preventing drug use, treating users, and reducing associated harms. The policies that have been in place for decades have not been effective and may have caused more harm than good as highlighted by statistics from the Drug Enforcement Agency showing increasing drug use. It is time to reassess the problems with drug use and implement innovative solutions which address all aspects of the issue—not just those focusing on punishment and prohibition.

Massachusetts Bureau of Substance Abuse Services funded substance use disorder treatment programs on

- Harm Reduction
- HIV/AIDS Care Integration
- Medication-Assisted Treatment
- Opioid Overdose Prevention
- Viral Hepatitis Care Integration

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