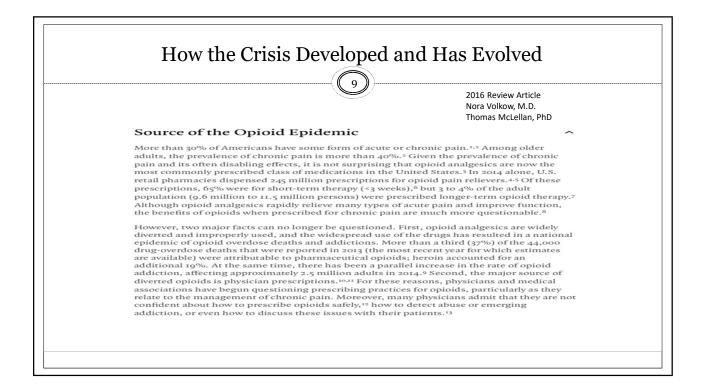
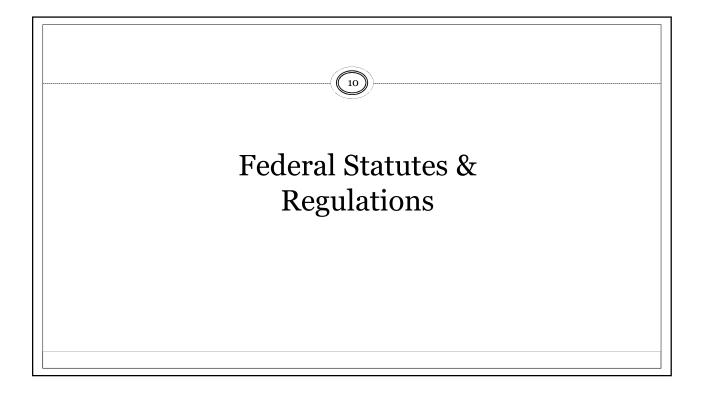
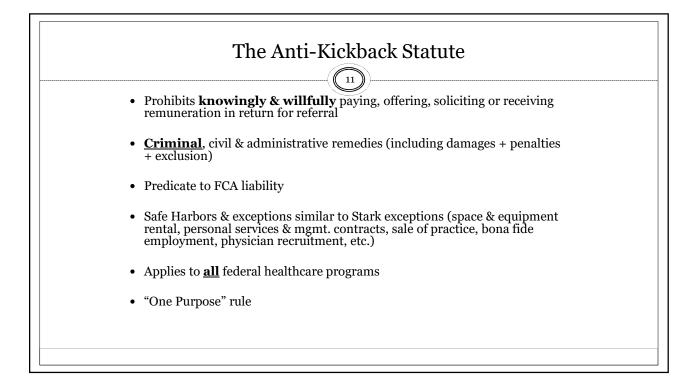
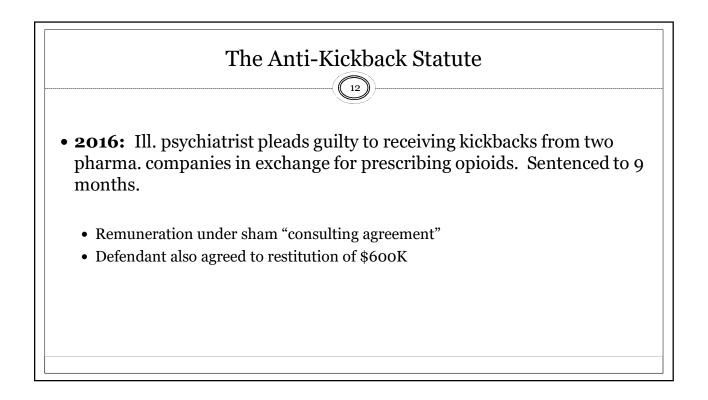


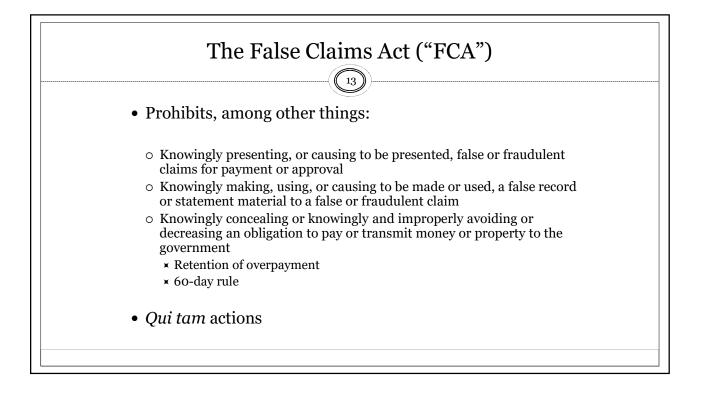
How the Crisis Developed and Has Evolved
294 Citing Articles
TO THE EDITOR
Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients ¹ who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients, ² Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.
Jane Porter Hershel Jick, M.D.
Boston Collaborative Drug Surveillance Program Boston University Medical Center, Waltham, MA 02154
2 References

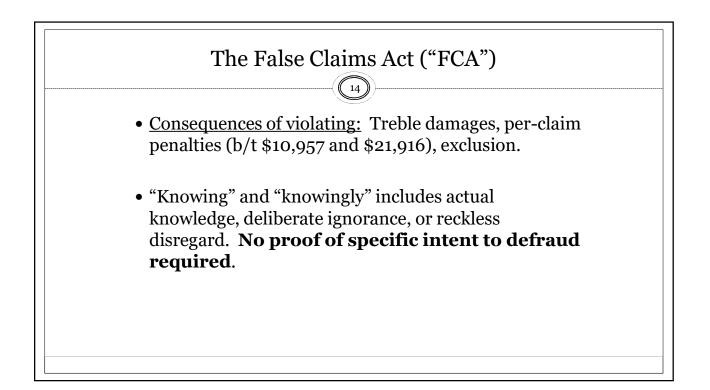




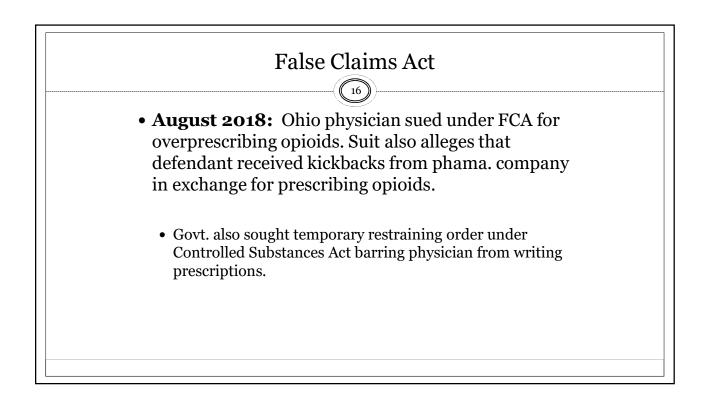


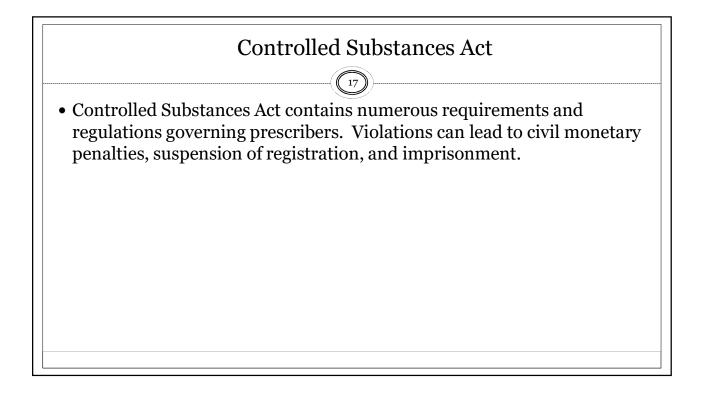




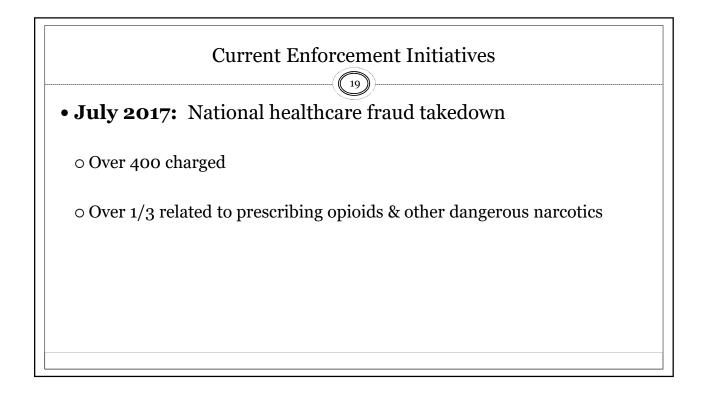


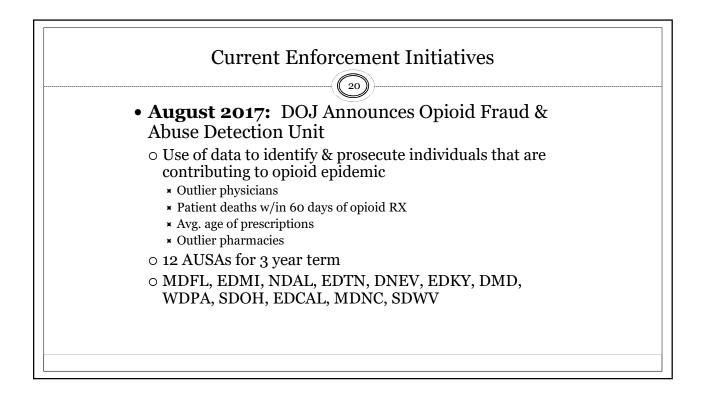
FCA Common Focus Areas
Overprescribing opioids
Medically unnecessary urine drug screenings
• Relationships with pharma. companies / outside laboratories
Overutilization of ancillary services





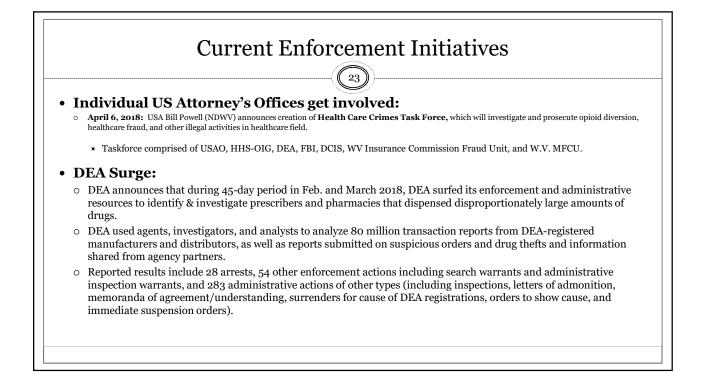


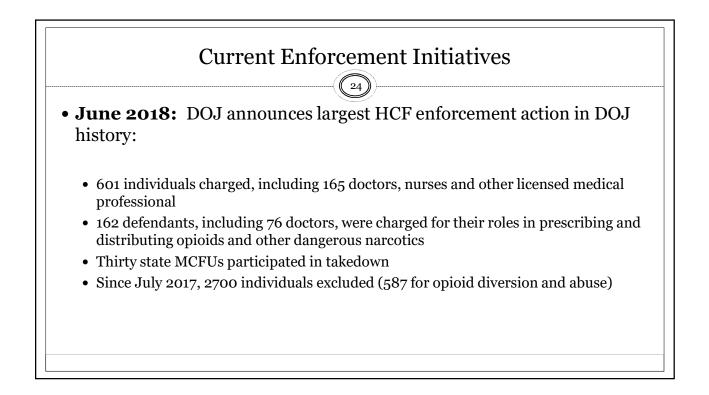


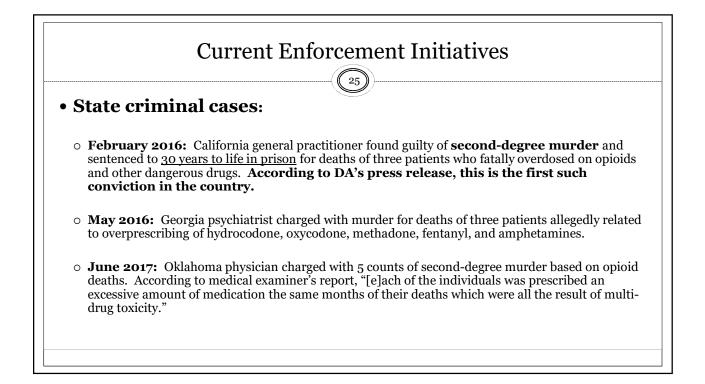


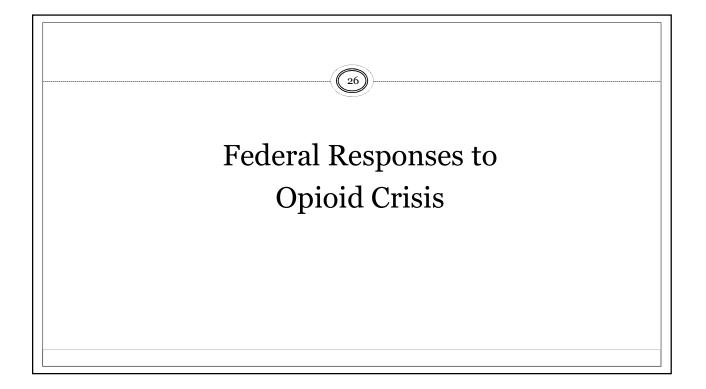






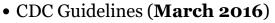




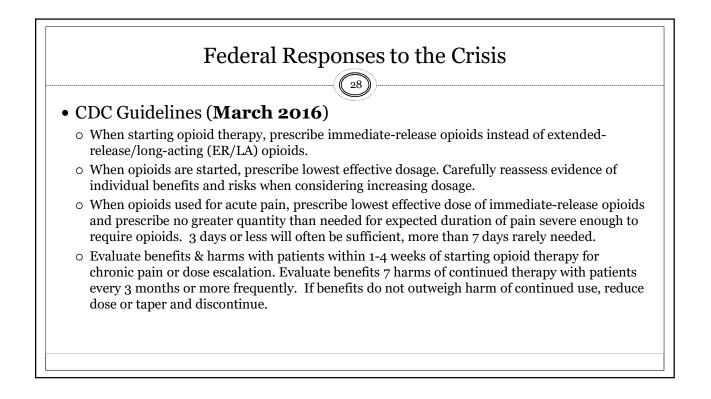


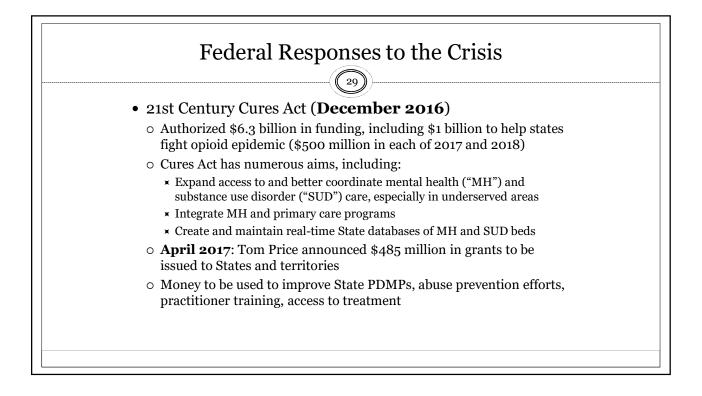
Federal Responses to the Crisis

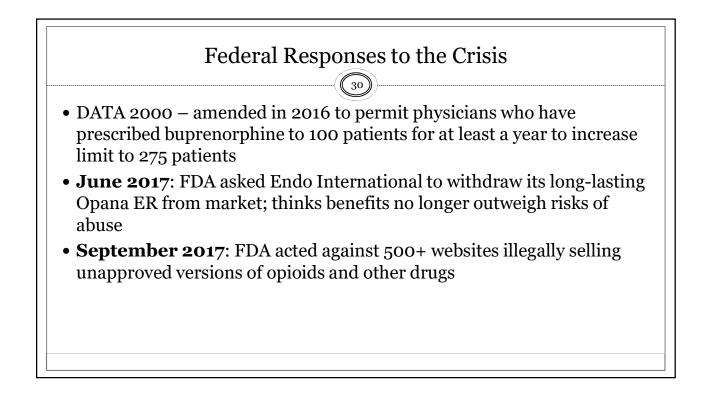
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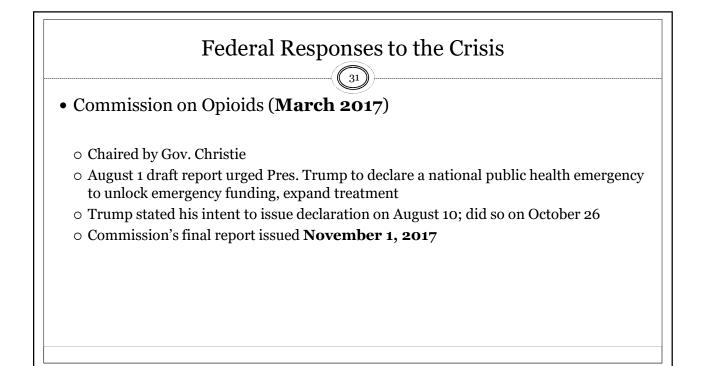


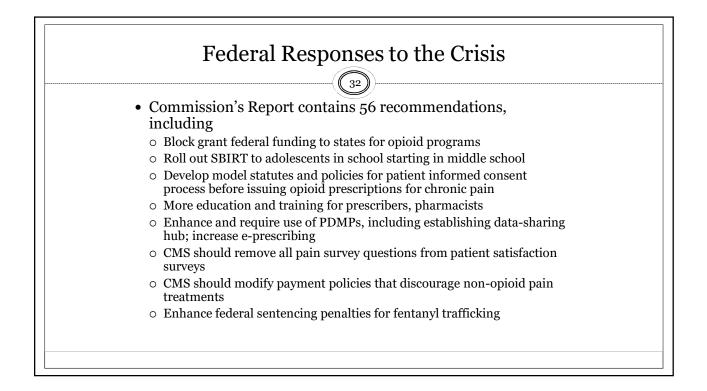
- Nonpharmalogic therapy and nonopioid pharmalogic therapy preferred. Consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to patients.
- Before starting opioid therapy, establish treatment goals with all patients & consider how opioid therapy will be discontinued if benefits do not outweigh risks.
- $\circ~$ Before starting and periodically during opioid therapy, discuss with patients known risks & realistic benefits.











Federal Responses to the Crisis

(33)

- Opioid Commission recommendations
 - Payors should remove reimbursement and policy barriers to SUD treatment, like patient limits, prior authorizations, and fail-first protocols
 - o Enable DOL to fine insurers and funders who violate Mental Health Parity Act
 - Use medication-assisted treatment for pre-trial detainees; establish drug courts in all 93 federal judicial districts
 - o HHS should develop new guidance for EMTALA compliance for stabilizing SUD patients
 - o Offer employers and EAPs information to address employee SUDs
 - Fast-track (a) research into pain management, overdose medications and prevention and treatment of SUDs, and (b) FDA review of SUD-prevention technology



