Letters to the Editor

Reforming Approaches to Curb Drug Overdose Deaths

To the Editor:

We would like to comment on manuscript published in JAMA by Dowell et al titled "Underlying Factors in Drug Overdose Deaths" (1). Dowell et al (1) provide a useful and stimulating viewpoint on underlying factors in drug overdose deaths by clarifying issues related to prescription drug overdose deaths. Of the 11,172 increased deaths from 2015 to 2016, 9,895 deaths are related to the category including illicitly manufactured fentanyl, which more than doubled from 2015 to 2016 (2). They also emphasized that a large portion of these escalating overdose deaths are due to illicit opioids, which include skyrocketing fentanyl drug reports and increasing heroin use. More importantly, they touched on the crucial point of declining admissions of people starting with opioid prescriptions from 90% in 2005 to 67% in 2015 among people ultimately entering treatment for opioid use disorder (3). A fact not mentioned is an increase in self-reported fentanyl use among the population entering drug treatment programs (3). In fact, the same authors studying heroin (3,4) showed that total past month fentanyl use almost doubled with endorsements of "unknown" fentanyl products from 9% in 2013 to 15% by 2016.

The data provided in this manuscript should provide the basis for reformed focus with preventive measures to curb underlying factors in drug overdose deaths (5). Specific measures include…

1. An aggressive public education campaign with explicit teaching on the dangers of use of illicit drugs, specifically heroin and fentanyl.
2. A public education campaign relating to the adverse consequences of opioid abuse in general with emphasis on adverse consequences in combination with benzodiazepines.
3. Mandatory physician education for all prescribers of any amount of opioids or benzodiazepines with mandated requirement of 4 hours of education per year.
4. Mandatory patient education associated with the first prescription of any amount of opioid.
5. Establishment of enhanced prescription drug monitoring program (PDMP) with National All Schedules Prescription Electronic Reporting Act (NASPER) program, with each state with mandated capacity to interact with at least contiguous states.
6. Mandated review of PDMP data by all providers, prior to all prescriptions.
7. Buprenorphine must also be available for chronic pain management in addition to medication-assisted treatment, with change of controlled substance scheduling to a Schedule II drug.
8. Promotion and approval of all nonopioid interventions including biopsychosocial and spinal interventional techniques based on the real world evidence.

Finally, it is essential to develop treatment paradigms for patients with true somatic causes of pain. Thus, the focus can shift from a regulatory framework to education with implementation of the simple reforms described above.

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