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A crisis of opioids and the limits of prescription control: United States.

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Abstract

A rise in addiction and overdose deaths involving opioids in the United States has spurred a series of initiatives focused on reducing opioid risks, including several related to prescription of opioids in care of pain. Policy analytical scholarship provides a conceptual framework to assist in understanding this response. Prior to 2011, a 'policy monopoly' of regulators and pharmaceutical manufacturers allowed and encouraged high levels of opioid prescribing. This permissive policy fell apart in the face of adverse outcomes brought to public attention by an 'advocacy coalition' consisting of officials, thought leaders, journalists and interest groups who shared common beliefs. This coalition has generated a more cautious prescribing regimen that has incentivized involuntary termination of opioids in otherwise stable patients, with resultant reports of harm. Its emphasis on dose reduction, regardless of outcomes, mirrors in some ways the prior focus on minimizing pain scores, regardless of outcomes. Central to the present analysis is that policies cannot be comprehensively rational; rather, they emerge from a range of actors and agencies constrained in their ability to assimilate complex data, evaluate the data objectively and to command necessary resources in an iterative, rapid response fashion. The imbalance between strong prescription control and weak pain and addiction treatment expansion exemplifies the policy scholar's notion of 'bounded rationality'. Results have been suboptimum: opioid prescriptions have fallen, but harms to pain patients and overdose deaths have risen. US policymakers could revise the course through a more thoroughgoing engagement with patients, families and communities now coping with both pain and addiction.

KEYWORDS: Health care; health-care policy; opioids; overdose; policy; policy analysis; prescription drug monitoring; prescriptions; rationality

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