

WHAT YOU NEED TO KNOW | *John S. McCain Opioid Addiction Prevention Act*

Recognizes needs of chronic care patients, maintains doctor-patient relationship, and is an effective policy to reduce the risk of addiction facing patients at their first exposure.

Federal seven-day fill legislation is needed to mitigate the risk of preventable addiction for individuals receiving opioid prescriptions to treat acute episodes of pain.

Designed to protect access for the most vulnerable. This bill would not impact access to needed medications for those suffering from chronic pain, it applies only to initial fills for acute episodes of pain, such as a broken bone¹.

- It is critical that patients with chronic medical conditions who require prescription opioids to manage their pain have continued access to their needed medications. This bill protects patients in this regard, ensuring that doctors and other clinicians can continue to issue prescriptions for opioids in quantities that the prescriber deems appropriate to treat these patients.
- Limits would not impact patients with chronic pain or pain associated with cancer care, hospice or other end-of-life care, or palliative (disease-related) care. Similarly, this bill also does not limit or impact access to prescription medications containing an opioid that are used for the treatment of addiction.
- Prescriptions subject to the seven day supply limit under this legislation are first-time opioid prescriptions issued by a doctor or clinician to a patient with likely-temporary pain resulting from an acute condition.

Preserves the Doctor-Patient Relationship. This bill employs widely-adopted strategies intended to preserve prescribing flexibility after 7 days and promote doctor-patient communication relative to a patient's particular experience and individual needs².

- A 7-day limit that applies only to initial opioid prescriptions for acute pain would serve to both reduce the oversupply of opioids that has contributed to the opioid abuse epidemic and limit the early exposure to opioids that can – in some patients – lead to addiction and abuse.
- For patients with acute pain that continues beyond 7 days who require further treatment with the prescribed opioid, the bill does not prevent prescribers from issuing an additional prescription that would not be subject to the 7-day limits. This ensures that patients who have continued need for an opioid prescription to manage ongoing pain have access to an additional quantity that their doctor deems appropriate to continue to manage their pain.

¹ Examples of prescriptions that would be subject to these initial limits include dental procedures, broken bones, and following release from the hospital after a surgical procedure.

² 33 states have enacted laws or other policies limiting the maximum day supply that can be authorized on an initial opioid prescription for acute pain: Alaska, Arizona, Colorado, Connecticut, Florida, Hawaii, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, and Wyoming.

- Establishing a 7-day supply on initial opioid prescriptions does not impact prescribers' ability to co-prescribe alternative therapies that can also be used for pain management. Various prescribing guidelines recommend co-prescribing opioids with non-opioid analgesic medications to reduce total opioid requirements and improve pain control³.
- A 7-day supply limit on opioid prescriptions is consistent with the prescribing guidelines from the Centers for Disease Control and Prevention (CDC) and other public health officials like the New York City Health Department, which recommend prescribing a shortened course of opioid medication for acute pain. Per the CDC guideline recommendation, "Three days or less [supply] will often be sufficient; more than seven days will rarely be needed⁴."

Addiction stemming from acute episodes of pain should not be overlooked in the national debate. Long-term opioid use often begins with treatment of acute pain, so limiting the duration of exposure can help mitigate the risk of addiction to patients and others in their household.

- A Mayo Clinic survey found that nearly a third of patients used none of the opioids they were prescribed after surgery, and only about 8 percent disposed of their remaining opioids⁵. Federal legislation limiting initial opioid prescriptions for acute pain would complement safe disposal options and further prevent opioids from falling into the wrong hands – including those of children.
- It is regularly reported that a majority of abused prescription drugs are obtained from family and friends, including from the home medicine cabinet. In a study on *Initiation into Prescription Opioid Misuse Amongst Young Injection Drug Users*, it was found that initiation into prescription opioid misuse was facilitated by easy access to opioids via a participant's prescription, family, or friends⁶.
- In fact, results from the *2016 National Survey on Drug Use and Health* show that nearly 90% of misused prescription pain medicine was obtained from users' own prescriptions or from a friend or family member⁷.
- Another study published in the Centers for Disease Control and Prevent (CDC) publication *Morbidity and Mortality Weekly Report* found that the probability of long-term opioid use increases sharply in the first days of therapy. Moreover, the chances of chronic use begin to increase after the third day supplied and rise rapidly thereafter⁸. Another study published in the *Clinical Journal of Pain* that explored the relationship between opioid prescribing patterns and the incidence of opioid abuse and dependence, a longer duration of opioid therapy is associated with an increased risk of developing an opioid use disorder⁹.

³ Sources: <https://www.journalofhospitalmedicine.com/jhospmcd/article/161929/hospital-medicine/safe-opioid-prescribing-acute-noncancer-pain-hospitalized> ; <https://www.ncbi.nlm.nih.gov/pubmed/25415660>

⁴ CDC Guidelines: <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

⁵ Source: <https://newsnetwork.mayoclinic.org/discussion/almost-1-in-3-patients-used-no-opioids-prescribed-after-surgery-mayo-clinic-survey-finds/>

⁶ Source: <https://www.ncbi.nlm.nih.gov/pubmed/21689917>

⁷ Source: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

⁸ Source: <https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm>

⁹ Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4032801/#>