

The Opioid Epidemic in California: FAQ

How serious is the opioid epidemic?

The opioid epidemic is the most serious drug crisis the US has ever experienced. In 2016, an estimated 50,000 Americans died of an opioid overdose — either from a prescription medication like oxycodone or from drugs such as heroin or illicitly produced fentanyl. The problem is growing. The number of deaths in 2016 is significantly higher than in 2015, when 33,000 people died of an opioid overdose. In California, nearly 2,000 people died of an overdose in each of the last two years.

What factors contribute to the epidemic?

Most experts who track the opioid epidemic trace the origins back to the mid-1990s and the then-growing belief that pain was dramatically undertreated. Many health care organizations began requiring the measurement of pain as a "fifth vital sign." To doctors, vital signs are characteristics such as blood pressure or heart beat that can be measured objectively. But pain is subjective. In addition, there was a growing unproven belief, marketed heavily by pharmaceutical companies, that opioids were not addictive when given to patients with chronic pain. Later, doctors' reimbursement was based in part on patients' responses to satisfaction surveys. Together, these factors drove dramatic increases in opioid prescribing by doctors. As the prescription rate rose, the death rate from these drugs also climbed. Today we know that opioids can be highly addictive, even when used for a relatively short period of time.

What can we do about it?

California state agencies, local opioid safety coalitions, and CHCF are working across three fronts, in line with federal priorities, to:

- Reduce inappropriate opioid prescribing
- Increase access to effective addiction treatment
- Promote harm reduction strategies, such as the availability of the overdose-reversal agent naloxone

What happens in opioid addiction?

Opioids are addictive because, over time, they dramatically decrease dopamine in the reward system of the brain, causing constant and severe feelings of craving and withdrawal — and causing the user to seek the drug over and over just to feel normal again. After a long period of opioid use, the reward system may not recover without maintenance medications (described below). Opioids also depress the breathing rate. In an overdose, the user can stop breathing completely, which can lead to death. Many people mistakenly think that people with addiction simply need to stop using drugs and they will be fine. This approach misunderstands the complexity of addiction as a disease. Addiction is not an acute problem; it is a chronic illness, one that must be treated over the long term.

How can opioid addiction be treated?

The most effective treatments for opioid addiction include medications to help stabilize opioid-disrupted brain chemistry. This is known as medication-assisted treatment, or MAT. Current FDA-approved medications for opioid addiction are methadone, buprenorphine, and naltrexone. These drugs

work in different ways, but the goal is to stabilize brain chemistry and reduce craving and withdrawal symptoms. This stabilization makes it much easier for people with addiction to participate in counseling and other behavioral therapies. With medications, many people are successfully treated in an outpatient setting.

What are some barriers in accessing treatment?

Quite simply, there is insufficient treatment capacity to meet demand. In the case of MAT, for example, doctors must undergo eight hours of special training to prescribe buprenorphine and then are limited in the number of patients to whom they can prescribe. People in rural areas often have few, if any, substance use disorder counselors or clinics nearby.

What is California doing to increase access to treatment and otherwise address the opioid epidemic?

Dozens of state agencies are working together to tackle this epidemic. Here is a partial list:

- The California Department of Public Health convened a [Statewide Opioid Safety](#) workgroup in 2014 composed of more than 20 state partners to focus on safer prescribing and other initiatives.
- The Department of Health Care Services (DHCS) is managing a \$90 million federal grant to [expand access to medication-assisted treatment \(PDF\)](#) via a [hub-and-spoke system](#). DHCS is also overseeing a major reform of Medi-Cal's county-based substance use disorder (SUD) treatment system, called the [Drug Medi-Cal Organized Delivery System](#), to increase access to effective SUD treatment.
- The California Department of Justice runs a [prescription drug monitoring program known as CURES](#) to help doctors and other health care providers ensure appropriate prescribing and dispensing of controlled substances and to identify patients at high risk of overdose.
- [Smart Care California](#) is a public-private partnership whose members purchase or manage health care for more than 16 million Californians — or 40% of the state. One of the group's three focus areas is opioid overuse. They have published a checklist for health plans with approaches for curbing the opioid epidemic.

In addition to the state-level work, local opioid safety coalitions have formed across California. These coalitions bring together a broad group of stakeholders committed to decreasing opioid use and overdose deaths in their communities. CHCF supports a program of training and technical assistance to accelerate the impact of their work.

This coordinated work is showing early success. From 2014 to 2016, California's volume of opioid prescribing declined 17%, and the number of buprenorphine prescriptions, a marker for access to opioid use disorder treatment, is up 14%. And yet California's opioid overdose death rate has been stable. While deaths from many opioids are declining, deaths from fentanyl, an illicit version of an effective drug for late-stage cancer pain, are climbing. That's why continued progress on safer opioid prescribing, greater access to effective substance use disorder treatment, and wide availability of the overdose reversal drug naloxone, are so important.

CHCF publishes a monthly newsletter on opioid safety in California. To subscribe, please email CHCF senior communications officer Lisa Aliferis, laliferis@chcf.org.