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In March, the US Centers for Disease Control and Prevention announced the publication of new prescribing guidelines aimed at reducing the use of opioid medications to treat chronic pain, an attempt to curb what has become a national epidemic of overdose deaths.

But history shows that merely limiting supply is not likely to solve the problem – the connection between chronic pain treatment and heroin and other opioid addiction is far less direct than Americans have been led to believe. And focusing on this rather than expanding effective addiction care will do little to stem the epidemic here. The Obama administration is announcing further measures on Tuesday to increase treatment access, but they don't go far enough.

The statistics look stark: the rise in opioid prescribing was directly paralleled by a rise in overdose deaths, and misusers of prescription pain medications are 40 times more likely to become addicted to heroin than those who don't. But the primary source of prescription opioids for new misusers of these drugs is not doctors – it's not necessarily those with prescriptions who are getting addicted.

The National Survey on Drug Use and Health consistently shows that 75% or more of those who start taking opioid medications for non-medical reasons obtain them not from their own prescription, but from friends, family members, dealers or other illicit sources.

Moreover, studies have found that the majority of people who misuse prescription opioids take other recreational drugs, too: for example, one study of over 1,000 people tracked from grade school into their 20s found that 75% of regular prescription opioid misusers had also taken cocaine, and two-thirds had taken psychedelics; earlier research on adults with Oxycontin addictions found similarly high proportions of other illegal drug use. The same research also showed that nearly 80% had previously been in addiction treatment. This suggests immersion in a drug-using subculture, not a life of doctor's appointments and pain management.

In addition, looked at from the chronic pain treatment perspective, studies find that very low percentages of people who do not have previous drug abuse histories become addicted during pain care. In a large study of overdose victims, only 13% had a chronic pain diagnosis.

International comparisons can also shed light on the limits of blaming pain prescriptions for opioid misuse. Astudy published in 2014 in the International Journal of Drug Policy compared the US to the UK and found that both countries saw opioid prescribing roughly quadruple in the last two decades. But in Great Britain, death rates stayed stable or fell when prescribing rose most sharply. In the US, meanwhile, opioid overdoes deaths increased 200% between 2000 and 2014 alone, and admissions to treatment for opioid problems skyrocketed.

So why didn't increased prescribing have such terrible effects on addiction and overdose in the UK? The authors note several possible reasons. For one, according to author Cathy Stannard, the British National Health Service has much tighter oversight on doctors. This minimizes "doctor shopping" and severely outlying patterns of excess prescribing. Secondly, this system is not commercialized: there is no consumer advertising of prescription drugs and fewer demands on doctors to prioritize "customer satisfaction."

Perhaps most importantly, any Brits who do become addicted have cheap and easy access to maintenance treatment with methadone or buprenorphine, the most effective therapy. Here, 80% of people who need treatment don't get it – and if they do, they are often limited to abstinence-only treatments.

This matters a great deal: research conducted on all patients treated for opioid addiction in England found that those who took medications indefinitely had half the death rate of those who received abstinence-based rehab.

Given the utter failure of prior efforts to stop illegal drug addiction by restricting supply – and the clear evidence that cracking down on pill mills has fueled heroin addiction – America's focus on changing prescribing patterns without immediately expanding access to treatment is worrying.

Also worrying is a failure to reckon with why so many people are turning to potentially deadly drugs. While the rise in opioid prescribing can be attributed to a push for more compassionate pain care by both pharma and genuine patient advocates, an almost equally steep rise has been seen simultaneously in prescriptions of benzodiazepine anti-anxiety medications without a similar PR push. Worse, benzodiazepines make opioids far more fatal – a New York study found that 94% of overdose deaths included more than one substance and 6o% included a benzodiazepine.

The Obama administration, to its credit, has increased funding for maintenance treatment. And the president is announcing Tuesday that federal insurance programs will be required to expand access to buprenorphine and that the limit on the number of patients that a doctor can treat with the drug is rising from 100 to 200.

But that's not enough – the administration hasn't even proposed eliminating the mass of bureaucratic constraints that restrict methadone prescribing to isolated, specialty clinics. IT has made no provisions to help pain patients, many of whom already have horror stories of being suddenly denied drugs that are working for them because their doctors, fearing the new scrutiny, have stopped prescribing.

Up to 8 million chronic pain patients are estimated to currently receive opioid prescriptions; the vast majority of them do not have addiction problems. Certainly better oversight to ensure appropriate prescribing is needed to prevent future addictions and to target opioid treatment to those who will benefit. But today, simply reducing the legal supply will only increase the illegal market.

In order to really address the opioid problem, we need to rapidly expand evidence-based maintenance treatment – and figure out why so many Americans are turning to the most dangerous drugs to self-medicate.

http://www.theguardian.com/commentisfree/2016/mar/29/prescription-drug-abuse-addiction-treatment-painkiller