

My name is Douglas Cline and I am on the Board of Directors for the NYS Pain Society. I practice Pain Management in Queensbury, NY where I specialize in pharmacological pain management and therefore, I have a great deal of experience with opioids.

- ➡ FACT!! The world of Medicine's response to the sudden increase in opioids overdoses and deaths has been universal, resolute and perhaps a little overboard.
- ➡ FACT!! In the last 7-10 years, the number of opioids prescriptions written annually in the United States has decreased by nearly 30%. That translates into SIXTY MILLION fewer prescriptions annually.
- ➡ FACT!! In that same time frame, the number of opioids overdoses and deaths has risen by almost 500%. The vast majority of these involve illicit drugs such as heroin and Chinese fentanyl.

As any good scientist would conclude from this data, we believe that the sudden increase in heroin and opioid abuse is only in a small way related to prescription opioids. We believe that in order to help with the current crisis, we must focus on other root causes of this event.

In 2016, the CDC published an opinion paper and suggested we begin setting limits on the dosage of opioid medication used to treat new pain patients. This publication, in no way attempted to define guidelines based on scientific rigor. Sadly, many insurance companies insisted on interpreting this publication as a de facto hard and fast guidelines established by a government authority. Even the Department of Health and Human Services adopted these suggestions as hard guidelines and the trouble soon began....

We estimate that there are 50-60 million chronic pain patients in the U.S. Some 10-15% have tried, and failed, numerous treatment modalities before being placed on chronic opioid therapy. As a result of the CDC publication, many physicians began weaning these patients off of their pain medications, *even when it was indicated and medically appropriate to continue said medications.*

In 2019, the CDC, HHS, and the President's Opioid Task Force *have all essentially recognized the misinterpretation of the CDC suggestions* and called for physicians to slow or stop the weaning of opioids in patients deemed appropriate for such therapy.

Ladies and Gentleman, we now face a new chapter in the Opioid Crisis. A chapter that has seen patients who were enjoying good pain control and able to work, raise families and function as normal human beings, suddenly being deprived access to the medications that controlled their pain.

As physicians, our first goal is to *do no harm*. Yet, in the past year, there have been some 30,000 suicides involving chronic pain patients which represent a 40% increase in just a few short years. The risk of a pain patient *dying by suicide is now 10 times higher than the risk of an overdose.*

In 2013, a study of 80,000 chronic pain patients receiving chronic opioid therapy concluded, "The available evidence suggests that Opioid Analgesics for chronic pain conditions ARE NOT associated with a major risk for developing dependence."¹

In 2016, a study on the impact of high-dose opioid treatment on overdose mortality, involving over 2 million patients concluded... "Dose dependent opioid overdose risk among patients increased gradually and DID NOT show evidence of a distinct risk threshold." ⁱ

And finally, in 2016, the NEJM published a study involving more than 10 MILLION patients and concluded, "...heroin use among people who use prescription opioids for non-medical reasons is RARE and the transition to heroin use appears to occur at low rates." ⁱⁱⁱ

As we move forward, ~~we move forward~~, we **MUST** work harder to find the root causes of the sudden surge in opioid abuse. We must acknowledge facts over our feelings, information over our instincts and agree to disagree where we must, but continue to work together for solutions.

To that end, I propose that your committee should examine the Portugal model for drug reform as it was enacted in 2001. In a sweeping set of reforms, the Portuguese began with the decriminalization of all street drugs including heroin, cocaine, methamphetamines, PCP and others. The drugs remained illegal, but possession for personal use does not. Individuals found to possess these drugs face fines and mandatory rehabilitation.

In the last 18 years, this program has been a major success in the war on drugs. Most notably, Portugal now enjoys the lowest number of opioid-related deaths in all of Europe at 3 ^{per} million citizens annually. European average is 17 per million and the U.S. sits at 51 per million.

In closing, I would like to thank the committee for your time this morning and if my expertise can be of further service, I would be happy to work with you in the future.

ⁱ Development of Dependence following treatment with Opioid Analgesics for Pain Relief. A systematic review Minozzi et al, Addiction 2013:108 688-698.

ⁱⁱ Cohort Study of the Impact of High Dose Opioid Analgesics on Overdose Mortality Pain Med. 2016, Jan (1) 85-98.

ⁱⁱⁱ Relationship between Non-medical prescription Opioid Use and Heroin Use. Jan 14, 2016 NEJM 206:374 p154-163.