Opioid Epidemic: Foreseeability

by Andie Brianne Larson

As opioid overdose deaths continue to rise, we must ask: when will doctors have a duty to foresee the deadly risks associated with prescribing opioids for long-term use?

Who Dons the White Coat?

When a doctor puts on a white coat, it represents the weight of responsibility that comes with being a physician, and the trust that patients place in their doctors. The white coat is not simply a garment, but a symbol of ones calling to serve others, and to always strive to be the best physician one can be. Doctors have a critical role to play in preventing the opioid epidemic, and they must be aware of the addictive properties of these drugs and the potential harm they can cause. When doctors prescribe opioids, they are responsible for ensuring that their patients receive the right amount of medication to manage their pain while minimizing the risk of addiction and overdose. This requires a thorough understanding of the addictive nature of these drugs and the need to carefully monitor patients who are taking them.

Addiction

Researchers have found that taking opioid medications for more than a few days increases the risk of long-term use, which increases the risk of addiction. Doctors have explained drug addiction as an irresistible craving for a drug despite the harmful consequences. It is an out-of-control and compulsive need for the drug because of the endorphins it produces, essentially boosting the feelings of pleasure. However, when those feelings of pleasure subside, it leaves a person

wanting more. This is where the issue truly begins, when a person has developed a tolerance to a drug. Unable to achieve the same euphoric results from their prescription, they will often seek an increase in dosage, which is why doctors cannot ignore the signs of addiction. There are many complexities to addiction, such as the inability of a person to make sound judgments while experiencing addiction.

Opioids

Prescription opioids are used to treat moderate to severe pain but are highly addictive due to *the* euphoric effects, putting any individual taking them at an increased risk of accidental overdose death.² Therefore, it is crucial for doctors to know when and how to safely prescribe opioids. The CDC provides healthcare providers with all the essential data, tools, and guidance for evidence-based decision-making to improve opioid prescribing and identifying opioid use disorder.

Guideline for Prescribing Opioids for Pain

The CDC provides recommendations to clinicians that address the initiation of opioids, as well as monitoring a patient that is being prescribed opioids. Nonopioid therapies are at least as effective as opioids for pain. Clinicians should first maximize use of nonpharmacologic and nonopioid pharmacologic therapies:

• Physical treatments (e.g., heat therapy, acupressure, spinal manipulation, remote electrical neuromodulation, massage, exercise therapy, weight loss)

- Behavioral treatment (e.g., cognitive behavior therapy, mindfulness-based stress reduction)
- Nonopioid medications such as acetaminophen, non-steroidal antiinflammatory drugs, and selected antidepressants.

If opioids are prescribed, it should be at the lowest effective dosage, while clinicians continue to optimize other therapies and work closely with patients to gradually taper and discontinue opioids completely.

Identifying Opioid Use Disorder

Opioid use disorder is defined in the Diagnostic and Statistical Manual of Mental Disorders as a problematic pattern of opioid use leading to clinically significant impairment or distress.³ Side effects include tolerance, physical dependence, depression, increased sensitivity to pain, and slowed breathing.⁴ In some cases, individuals have developed mental health issues because of their opioid use.

When monitoring a patient who has been prescribed opioids for pain, clinicians should review the state prescription drug monitoring program and perform urine drug screens. When utilizing the tools and guidelines they are provided, clinicians are able to identify opioid use disorder and address it with the patient.

1. Review state prescription drug monitoring program

This data alone provides crucial information to clinicians. By reviewing this data, a clinician can review the patient's history of controlled substance prescriptions and determine



whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose. It further allows a clinician to identify early refills of controlled substances.

2. Urine Drug Screens

Toxicology testing allows a clinician to evaluate for prescribed medications as well as nonprescribed controlled substances. If a clinician suspects opioid use disorder, they should offer FDA-approved medications such as, buprenorphine, methadone, and naltrexone.

Doctor Accountability

Though it could be outside the scope of a clinician's training to treat the opioid use disorder, it is well within their knowledge to identify it and take the appropriate measures to reduce a potentially life-threatening risk. Clinicians unable to provide treatment themselves should arrange for patients to receive care from a substance use disorder treatment specialist. Clinicians who recklessly ignore the red flags through the various tools provided to them and choose to continue to prescribe opioids in the setting of unmanaged substance use disorders fall well below the standard of care.

Opioid Epidemic: Behind the Numbers

Nearly 75 percent of drug overdose deaths in 2020 involved an opioid, including prescription opioids.⁵ With all the valuable tools and guidelines available to doctors, there is absolutely no excuse for a patient to fall into this outrageous statistic. Mental health problems have borne the brunt of the blame, but now it's time to hold doctors accountable for their negligence in this epidemic.

Foreseeability

The concept of proximate cause, in the context of prescription opioid deaths, refers to the idea that a doctor's actions may be seen as a direct and foreseeable cause of a patient's death due to an opioid overdose. Doctors must be mindful of the warning signs of opioid addiction and be prepared to intervene if they observe any concerning behavior in their patients.

When a doctor fails to properly monitor a patient's use of opioid prescriptions, prescribes opioids in excessive amounts, or does not take adequate steps to prevent abuse or diversion of the drugs, then that doctor needs to be held legally responsible. This is because doctors have a professional responsibility to prescribe opioids in a manner that is safe and in the best interests of their patients, which includes being mindful of the warning signs of opioid addiction. Failure to do so not only put patients at risk, but it also contributes to the ongoing crisis and perpetuates the devastating impact of this epidemic on communities across the country.

Endnotes

- Mayo Clinic Staff, "How opioid addiction occurs," *Mayo Clinic*, last modified February 16, 2018, https://www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/in-depth/how-opioid-addiction-occurs/art-20360372.
- ² Mayo Clinic Staff, "How opioid

addiction occurs," *Mayo Clinic*, last modified February 16, 2018, https://www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/in-depth/how-opioid-addiction-occurs/art-20360372.

- ³ "Opioid Use Disorder: Preventing and Treating," U.S. Department of Health & Human Services, last reviewed November 3, 2022, https://www.cdc.gov/opioids/healthcare-professionals/prescribing/opioid-use-disorder.html.
- ⁴ "Mental Health & Opioid Addiction," *Southern California Sunrise* Recovery Center, https://socalsunrise.com/mental-health-opioid-addiction/.
- The Drug Overdose Epidemic: Behind the Numbers," U.S. Department of Health & Human Services, last reviewed June 1, 2022, https://www.cdc.gov/opioids/data/index.html.

Andie Larson is a partner at Larson



Law, founded by John Larson. Andie practices medical malpractice with a specific emphasis on opioid related deaths, as well as personal injury. She earned her Juris

Doctor at Stetson University College of Law, and is admitted to the bar of the state of Illinois.

