

August 2017 Newsletter
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HHS PAIN MANAGEMENT TASK FORCE

HHS is seeking [nominations](#) for a new pain management task force to develop best practices for prescribing pain medication and managing chronic and acute pain. Applications to sit on the task force are due Sept. 27.

DECLARING OPIOID CRISIS NATIONAL EMERGENCY

On August 10th President Donald Trump said he's taking steps to declare the opioid crisis a "national emergency," following the recent recommendation of the White House's opioid commission. To date no official declaration has been made. Read more [here](#).

FDA TO LAUNCH ANTI-E-CIG CAMPAIGN TARGETING KIDS

FDA [announced](#) plans to expand its "The Real Cost" public education campaign to include messages for teens about the dangers of e-cigarettes. This fall, FDA will roll out online videos warning of the danger of nicotine to rewire developing brains and create cravings that can lead to addiction. A full campaign will follow in 2018.

STUDY: OPIOID PRESCRIPTIONS VARY BASED ON UNIVERSITY TRAINING

According to a report from Princeton University researchers, physicians trained at the lowest-ranked medical schools in the U.S. write more opioid prescriptions than those who go to the highest-ranked institutions. More details [here](#).

MARIJUANA JUSTICE ACT INTRODUCED

On August 1, Senator Cory Booker (D-NJ) [introduced](#) the Marijuana Justice Act of 2017 (S. 1689). The legislation would remove marijuana from the list of controlled substances, making it legal at the federal level. The bill would also incentivize states through federal funds to change their marijuana laws if those laws were shown to have a disproportionate effect on low-income individuals and/or people of color. Read more [here](#).

REPORT FINDS ABUSE-DETERRENT OPIOIDS TOO PRICEY FOR LIMITED BENEFITS

The Institute for Clinical and Economic Review (ICER) found in a new [report](#) that the added cost of abuse-deterrent formulations of painkillers outweighs the public health benefits, even though these formulations are a promising tool for reducing abuse among some patients. The report estimates that every 100,000 chronic pain patients who are switched from traditional painkillers to an abuse-deterrent version would cost the health care system more than \$500 million over five years, even accounting for reduced drug abuse and a slight decrease in overdose deaths. Because of the limited impact and expense of abuse-deterrent drugs, which can cost 10 times more than older versions, ICER estimated the cost to prevent one new case of abuse was about \$232,000; the price tag to prevent an overdose was \$1.36 billion.