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Dismantling the opioid crisis

Dr. John Hickner's editorial, "Doing our part to dismantle the opioid crisis" (*J Fam Pract* 2019;68:308) had important inaccuracies.

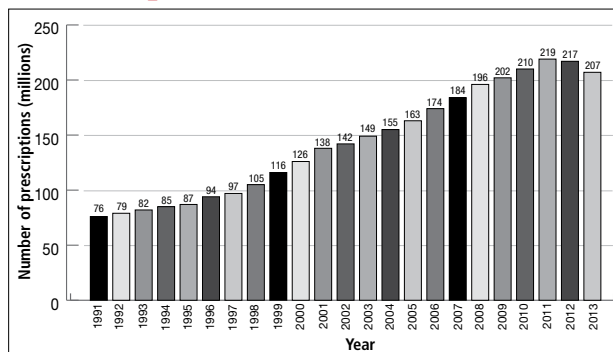
The Joint Commission, for which I serve as an executive vice president, did not "dub pain assessment the 'fifth vital sign.'" The concept of the fifth vital sign was developed by the American Pain Society in the 1990s.¹ It gained national attention through a Veterans Health Administration initiative in 1999.² And in 2001, the Joint Commission (then the Joint Commission on Accreditation of Healthcare Organizations or JCAHO) issued its Pain Standards.

Dr. Hickner wrote that the push to assess for pain as the fifth vital sign was a central cause of the opioid epidemic; however, this is contrary to published data on the epidemic. Total opioid prescriptions had been steadily increasing in the United States for at least a decade before the Pain Standards went into effect in 2001 (FIGURE).³ Between 1991 and 1997, the number of prescriptions increased from 76 million to 97 million. The rate of increase from 1997 to 2011 appears to have been more rapid, which is likely due to the 1995 approval of the new sustained-release opioid OxyContin and the associated aggressive marketing campaigns to physicians.

Your readers should know that we, at the Joint Commission, are also "doing our part to dismantle the opioid crisis." In 2016, we completely revised our Pain Standards, adding new criteria to help address the epidemic. Some

FIGURE

Opioid prescriptions dispensed by US retail pharmacies, 1991-2013³



adjustments include: requiring improved availability of nonpharmacologic therapy, encouraging engagement of patients in pain management plans, enhancing accessibility of Physician Drug Monitoring Program tools, and monitoring opioid prescribing.

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