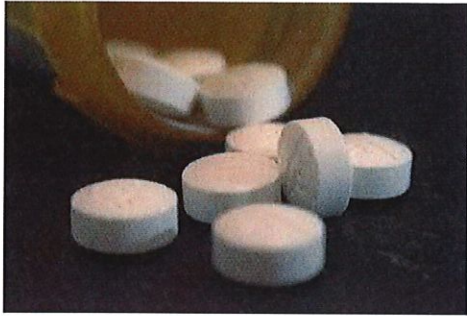


# Opioids a health emergency

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This Tuesday, Aug. 15, 2017 photo shows an arrangement of pills of the opioid oxycodone-acetaminophen in New York. (AP Photo/Patrick Sison)  
Patrick Sison

Opioid addiction is nothing less than a public health emergency in South Carolina, and Gov. Henry McMaster is right to recognize the problem as such.

On Monday, Mr. McMaster announced that new designation, signed an executive order limiting initial post-emergency opioid prescriptions to five days and created an Opioid Emergency Response Team that will study the issue over the next six months.

That's the right approach in a state where prescription opioid and heroin overdoses claimed more than 600 lives last year — 65 in Charleston County alone — and prompted thousands of lifesaving emergency calls.

Limiting prescription lengths for opioid painkillers will help ensure that people receiving temporary treatment for acute pain don't wind up abusing potentially dangerous drugs with a demonstrated potential for addiction.

More than 2 million people nationwide are estimated to be addicted to prescription painkillers.

The move doesn't apply to long-term treatment and patients can receive longer prescriptions by returning to a doctor after the initial five-day period runs out.

[https://www.postandcourier.com/opinion/editorials/opioids-a-health-emergency/article\\_2da3ce16-e436-11e7-bf3a-732bf8f200fa.html](https://www.postandcourier.com/opinion/editorials/opioids-a-health-emergency/article_2da3ce16-e436-11e7-bf3a-732bf8f200fa.html)



Mr. McMaster's Opioid Emergency Response Team is also a welcome new addition, albeit one that in many ways is likely to mirror the work of a legislative committee on opioids and a previous Governor's Prescription Drug Abuse Council created by his predecessor, Gov. Nikki Haley.

Both the council and the committee have made several sensible recommendations, some of which have now become law, including requiring doctors to enter painkiller prescriptions in a statewide drug monitoring database.

Mr. McMaster's moves also mirror those of his political ally, President Donald Trump, who in October declared the opioid crisis a nationwide public health emergency.

"No part of our society — not young or old, rich or poor, urban or rural — has been spared this plague of drug addiction," he said in a speech that recalled his own brother's struggles with alcohol abuse that contributed to his death.

Mr. Trump's use of the term "emergency" rather than the more severe designation of "disaster" largely prevented any significant new federal funding from being freed up to address the issue, however. But the death toll from opioids is far higher than any natural disaster in recent memory.

Mr. McMaster should not make the same mistake in South Carolina.

State funding is needed to expand treatment and prevention operations, particularly in providing better access to medication-assisted treatment and reducing the stigma that surrounds it.

Treatments like methadone and buprenorphine are not simply "trading one addiction for another" as critics commonly assert. Rather they are the best safe and scientifically proven way



to help wean opioid and heroin addicts off of more dangerous drugs in order to begin living more normal, productive lives.

But medication-assisted treatment can be costly for low-income patients, with long-term care costing more than \$10,000 in some cases. Barriers to insurance coverage — Medicaid doesn't pay for methadone treatment in South Carolina, for example — and geographical distance can also make treatment harder to obtain.

Fortunately, South Carolina has made addressing the opioid crisis a priority over the past few years, and Mr. McMaster's actions on Monday further that cause.

A disaster years in the making will not end overnight, however, and state officials and lawmakers must maintain their focus on the opioid crisis to save lives.