

# **SECURING OHIO'S FUTURE**



## **OPIOIDS POLICY PAPER**

America is currently in the grips of an opioid addiction epidemic, and sadly Ohio is on the frontlines in this tragic war. According to the Centers for Disease Control and Prevention (CDC), Ohio was tied for the third highest drug overdose death rate in 2015 (the most recent year for which there are completed statistics) with 29.9 deaths by overdose per 100,000 residents.<sup>1</sup> This problem is quickly growing out of control: since 1999, the number of overdose deaths involving opioids (both prescribed and illegal) have quadrupled, and nearly 100 people a day are dying from an opioid overdose nationwide. The opioid epidemic is the deadliest drug crisis in American history: drug overdoses are now the leading cause of death for Americans under 50 years old, and the percentage of drug-related deaths in the United States is far higher than any other country in the world, per the World Health Organization. The Ohio-specific stats are just as sobering: by 2015, over 80% of all overdose deaths in the state were caused by opioids and over 4,000 Ohioans died from an overdose last year, a 36% increase on the year before.<sup>2</sup>

This increase is not a coincidence: at the same time overdose deaths were skyrocketing, so were the number of prescription opioids sold. In fact, the number of opioids sold from 1999 through 2010 nearly quadrupled, despite no noticeable increase in the amount of pain reported by Americans, according to the CDC.<sup>3</sup> While increasing opioid prescriptions are at the heart of this crisis, they represent merely the tip of the iceberg. In many cases, individuals first become addicted to prescription opioids only to then turn to heroin or fentanyl, illegal narcotics that are cheaper, stronger, and easier to obtain. In general, prescription pills can cost as much as \$100 without a prescription and addicted individuals will often need far more than one pill a day to feed their addiction. Compare that with heroin, which typically costs around \$10 per dose and it is easy to see why the number of heroin deaths have risen almost in parallel with the number of opioid deaths since 2010.<sup>4</sup>

However even more troubling than the increase in heroin addiction is the emergence of a deadlier synthetic opioid, fentanyl. First developed in the 1960's, fentanyl is prescribed to cancer patients and others in severe pain. The drug is so potent, it is approximately 100 times more

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<sup>1</sup> Centers for Disease Control and Prevention, "Drug Overdose Deaths in the United States, 1999-2015"

<sup>2</sup> Kaiser Family Foundation, "Overdose Deaths and Opioid Overdose Deaths as a Percent of All Drug Overdose Deaths"

<sup>3</sup> Centers for Disease Control and Prevention, "Understanding the Epidemic"

<sup>4</sup> National Institute on Drug Abuse, "Overdose Death Rates, 2000-2016"

powerful than morphine and almost 50 times stronger than heroin. In addition to its legal manufacture, fentanyl is also being produced illegally in labs, most of which are in Mexico and China. In some instances, these illegal labs will secretly use fentanyl to cut heroin, resulting in a far more dangerous and deadly product. Cracking down on these foreign labs has also proven difficult: while China banned certain types of fentanyl production in 2015 at the request of US law enforcement, the chemists at these labs simply modified the structure of the drug slightly to skirt the regulations and continue producing. This has essentially created a deadly game of whack-a-mole: for every version of fentanyl that is outlawed or lab that is shut down, another pops up in its place, creating more and more versions of this deadly drug. The deadliest of these fentanyl analogues is called carfentanil, it was designed to serve as an elephant tranquilizer and is 5,000 times stronger than heroin. In addition to being far stronger than heroin or other synthetic opioids, carfentanil is also difficult to identify in toxicology screenings and requires far more of the overdose medication naloxone to counteract.

In addition to the deaths, this epidemic brings a host of other problems to Ohio as well: jails and emergency rooms are overflowing and have become detox centers, the foster care system is overwhelmed with children whose parents have abused drugs, and county coroner's offices cannot keep up with the bodies. Additionally, the epidemic has hurt economic recovery as many employers now report they have open jobs but cannot find employees that can pass a drug test and reliably show up for work. According to the NIH, the total economic impact of the drug epidemic is estimated at \$78.5 billion nationwide, with over a third of this due to increased health care and treatment costs. In Ohio, the increased costs to local governments and social service agencies are already forcing a handful of counties to place levies on the ballot to help pay for the crisis. This number is only expected to rise, meaning more and more Ohioans will be paying more in taxes to fight this epidemic in the years to come.

While the problems associated with this deadly epidemic are clear, the solutions to it are far from it. Sadly there is no silver bullet: as outlined above, stopping the oversubscription of pills and the manufacturing of illegal synthetic opioids will be extremely difficult and even if effective, will do nothing to cure the millions already addicted who will simply turn to other ways to satisfy their craving. As long as there is demand, there will be some type of supply. On the other hand, focusing solely on treatment and overdose prevention and counteraction will do nothing to stop the oversubscription of pills that so often are the starting point for opioid addiction. Additionally, the solution will not fall on one branch or level of government, it will require the federal government to work together with state and local officials, all of whom work together with doctors, first responders, school officials, and social service agencies to find a solution.

As we know, the root of this epidemic is the over prescription of opioid painkillers. This phenomenon causes the addiction in the first place that then leads to abusing the more dangerous and easily obtainable heroin and other synthetic opioids. Stopping the flow of these pills will help prevent future generations of addicts, thereby hopefully helping to dry up the market for the stronger and deadlier illegal opioids as well. In 2010, the CDC issued new guidelines to encourage doctors to avoid prescribing opioids for chronic pain, citing the lack of evidence of its efficacy as a treatment option. Additionally, the DEA promulgated new rules in 2014 moving some opioid products to a tighter regulatory schedule, with the hopes that doing so would make it more difficult for the drugs to be abused. Various law enforcement agencies at the federal and

state levels have also cracked down on the so-called “pill mills” that hand out these opioids like candy. The result of all these efforts is that opioid prescriptions have dropped since 2010, however they still remain higher in the United States than anywhere else in the world.

Now that we know the root of the opioid epidemic is the overprescribing of opioids for dubious reasons, it is also important to go after the forces that pushed these pills so aggressively in the first place to create the epidemic. The forces behind this are twofold: first, the doctors that prescribe them to the patients, but more importantly, the pharmaceutical companies that are responsible for pushing these drugs to doctors as the answer to all their problems, and in some cases, failing to disclose the downsides.

Ohio’s Attorney General Mike DeWine is at the forefront of the fight to bring these manufacturers to justice for misleading doctors and pushing opioids on the American public, kick starting this epidemic. Earlier this year, DeWine filed suit against five manufacturers for allegedly providing misleading marketing materials to doctors that overstated the efficacy of these drugs for treating chronic pain, while underplaying their addictive nature. As discussed above, opioids were traditionally prescribed to treat acute or short term pain only. However thanks to a concerted and in some instances misleading marketing push by manufacturers in the 1990’s, doctors began increasingly prescribing opioids to deal with chronic long term pain. This shift is what drove the massive increase in opioid prescriptions over the past 20 years. According to DeWine’s lawsuit, by 2012 opioid prescriptions in the state were sufficient to provide every man, woman, and child with 68 pills a year.

In addition to attacking the root of the problem, the Attorney General’s lawsuit if successful will have an additional benefit. In the suit, DeWine is seeking to recover the money the state has spent to pay for the pills themselves through programs like Medicaid, but also money spent on addiction treatment. If successful, this would provide a financial windfall for the state that could help cover the growing costs of this epidemic and shift some of the burden off of Ohio’s taxpayers and back onto the manufacturers responsible.

The opioid epidemic is one of, if not the, greatest public health crisis we have ever faced as a nation, and there are no easy solutions to this complex a problem. We must take an all of the above approach to fighting this epidemic by combining tough laws to stem the flow of drugs with robust addiction treatment services to help those already in the grips of this disease. Thanks to the tireless efforts of Attorney General DeWine, we are hopeful that Ohio and the nation will be able to conquer this epidemic once and for all.