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# THE POLICY CIRCLE

## THE OPIOID EPIDEMIC



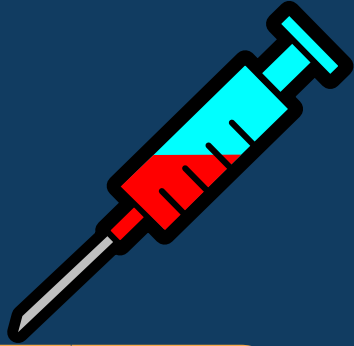
# ➤ WHAT IS THE OPIOID EPIDEMIC? ◀

OPIUM IS A NARCOTIC WHICH ORIGINATES FROM POPPY. DRUGS DERIVED FROM OPIUM, SUCH AS MORPHINE, HEROIN AND OXYCONTIN, ARE CALLED OPIOIDS. NATURAL OPIOIDS SUCH AS OPIUM ARE NATURALLY DERIVED, WHILE SYNTHETIC OPIOIDS SUCH AS FETANYL ARE MANUFACTURED IN LABS.

THE OPIOID EPIDEMIC REFERS TO THE CRISIS IN AMERICA RESULTING FROM THE WIDESPREAD ADDICTION TO AND MISUSE OF BOTH PRESCRIPTION AND NONPRESCRIPTION OPIOIDS.



# ➤ FACTS TO KNOW ◀



SIXTEEN FEDERAL AGENCIES ARE INVOLVED IN COMBATING THE OPIOID CRISIS, PRIMARILY THE CENTERS FOR DISEASE CONTROL (CDC), THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), AND THE FOOD AND DRUG ADMINISTRATION (FDA) UNDER THE DEPARTMENT OF HEALTH AND HUMAN SERVICE (HHS).

AN ESTIMATED 2 MILLION PEOPLE IN THE U.S. ARE ADDICTED TO OPIOID PAINKILLERS OR HEROIN. BETWEEN JUNE 2019 AND MAY 2020, MORE THAN 81,000 DEATHS WERE LINKED TO DRUG OVERDOSES, THE HIGHEST EVER RECORDED IN A 12-MONTH PERIOD.

WELL OVER 2,000 LAWSUITS ALLEGE DRUGMAKERS', DISTRIBUTORS', AND PHARMACIES' "AGGRESSIVE MARKETING OF PRESCRIPTION PAINKILLERS AND LAX OVERSIGHT" CONTRIBUTED TO OPIOID ADDICTION.

BETWEEN 2006 AND 2012, SIX COMPANIES DISTRIBUTED 76 BILLION OPIOID PAIN PILLS, "ENOUGH PILLS TO SUPPLY EVERY ADULT AND CHILD IN THE COUNTRY WITH 36 EACH YEAR."

# ➤ GOVERNMENT SPENDING ◀

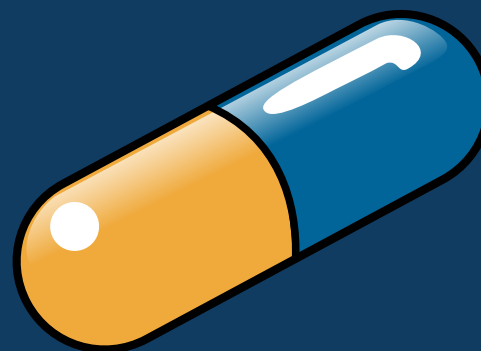
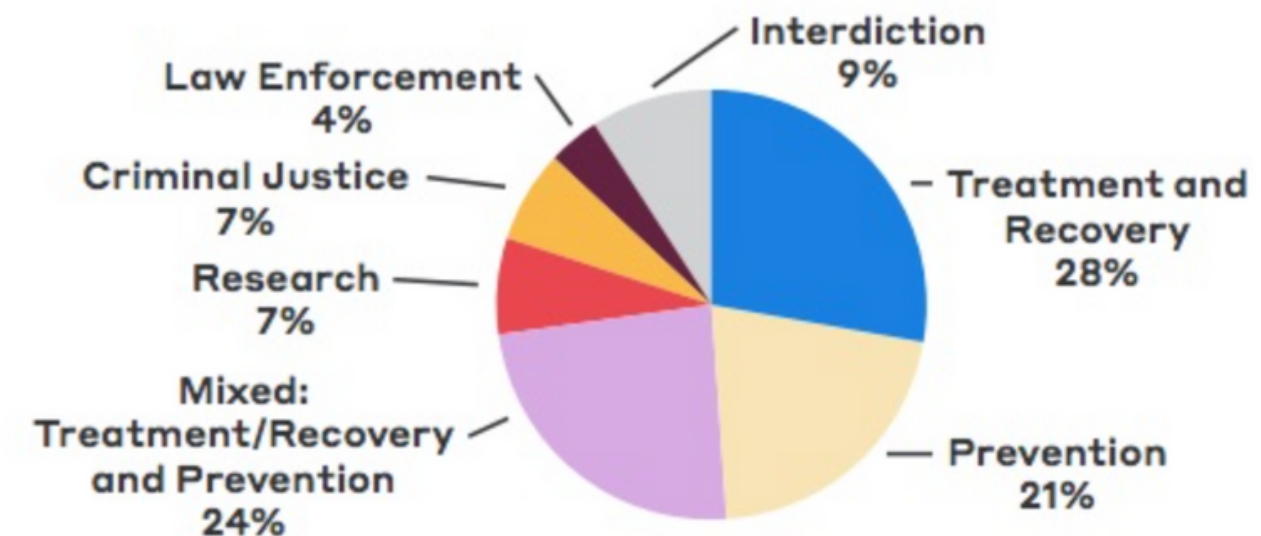


IN 2016, CONGRESS AUTHORIZED OVER \$10 BILLION IN FEDERAL FUNDING FOR STATES TO IMPLEMENT OPIOID TREATMENT AND PREVENTION PROGRAMS, BUT ONLY \$2 BILLION WAS PAID OUT BETWEEN 2017 AND 2019.

THE COUNCIL OF ECONOMIC ADVISERS' FEBRUARY 2020 ECONOMIC REPORT OF THE PRESIDENT ESTIMATED THE OPIOID CRISIS COST \$665 BILLION IN 2018.

FEDERAL OPIOID FUNDING AMOUNTED TO \$7.6 BILLION IN 2019. SEE THE BREAKDOWN BELOW. ESTIMATED MEDICAID SPENDING ON MEDICATIONS FOR OPIOID USE DISORDERS WAS AN ADDITIONAL \$1.6 BILLION IN 2019.

**Figure 5: FY2019 Opioid Spending by Category**





# ➤ FRAMING THE ISSUE ◀

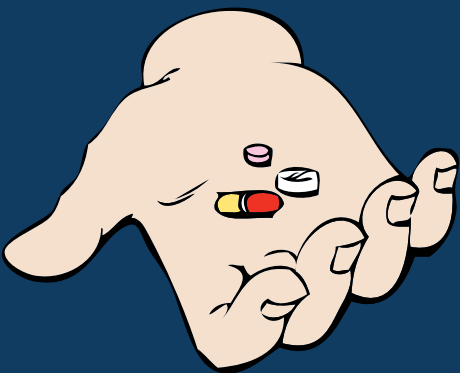
IN THE 1990S, PHARMACEUTICAL COMPANIES "REASSURED THE MEDICAL COMMUNITY THAT PATIENTS WOULD NOT BECOME ADDICTED TO PRESCRIPTION OPIOID PAIN RELIEVERS," LEADING HEALTHCARE PROVIDERS TO PRESCRIBE THEM AT GREATER RATES, WHICH GENERATED A SURGE OF ADDICTIONS AND OVERDOSE-RELATED DEATHS.

LAW ENFORCEMENT AND EMERGENCY DEPARTMENTS "HAVE BECOME SAFETY NETS FOR BEHAVIORAL HEALTH CRISES" DUE TO A "LACK OF ADEQUATE AND ORGANIZED CRISIS SERVICES." IN JAILS, THE PREVALENCE OF MENTAL ILLNESS AND SUBSTANCE USE DISORDERS IS THREE TO FOUR TIMES GREATER THAN THAT OF THE GENERAL POPULATION.

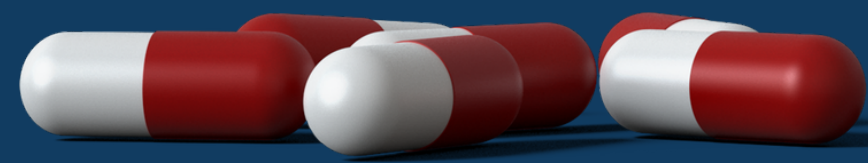


ANNUAL OVERDOSE DEATHS ARE ESSENTIALLY THE ONLY MEASURE OF EFFECTIVENESS OF INTERVENTIONS. OTHER EVIDENCE SUCH AS NON-FATAL OVERDOSE DATA OR DATA ON USE OF NALOXINE CAN HELP UNDERSTAND WHETHER BILLIONS OF GOVERNMENT DOLLARS ARE MEETING THE NEEDS OF AT-RISK POPULATIONS

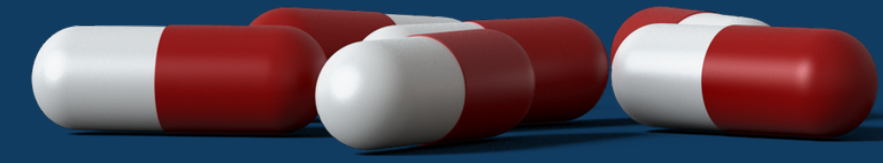
THE UNITED STATES HAS NUMEROUS SOURCES OF OPIOIDS BOTH INTERNATIONALLY AND DOMESTICALLY. CHINA HAS BEEN THE PRIMARY SOURCE OF TRAFFICKED FENTANYL IN THE U.S., AND MEXICO IS THE PRIMARY SOURCE OF HEROIN. DOMESTICALLY, "PILL MILLS" ARE WHAT LOCAL AND STATE INVESTIGATORS HAVE TERMED DOCTORS, CLINICS OR PHARMACIES THAT PRESCRIBE OR DISPENSE NARCOTICS INAPPROPRIATELY.







# LOCAL SOLUTIONS



## STATE LEVEL

BY OCTOBER 2018, 33 STATES HAD ENACTED LEGISLATION RELATED TO PRESCRIPTION DRUG MONITORING PROGRAMS, ACCESS TO NALOXONE, PAIN CLINIC REGULATION, AND PROVIDER EDUCATION AND TRAINING.

## PRIVATE COMPANIES

SOME COMPANIES ARE TAKING THE UNIQUE APPROACH OF IMPLEMENTING TREATMENT PROGRAMS FOR FAILED APPLICANTS AND EMPLOYEE ASSISTANCE PROGRAMS FOR THEIR WORKFORCES. IT CAN ALSO INNOVATE AND PRESENT NEW IDEAS, SUCH AS MEDICAL TECHNOLOGY TO TREAT PAIN AND MONITORING PROGRAMS TO ASSESS AT-RISK PATIENTS.

## COMMUNITY BASED

INTERVENTIONS: A REGIONAL CRISIS CALL CENTER CAN SERVE AN ALTERNATIVE TO 911 AND MOBILE CRISIS RESPONSE TEAMS CAN BE DISPATCHED IN RESPONSE TO BEHAVIORAL HEALTH CRISES. CRISIS RECEIVING AND STABILIZATION FACILITIES COULD ASSESS AND ADDRESS MENTAL HEALTH AND SUBSTANCE USE CRISIS PROBLEMS, AND SUPPORTIVE HOUSING PROGRAMS CAN ADDRESS THE NEEDS OF HOMELESS INDIVIDUALS WITH SUBSTANCE USE DISORDERS.

# ➤ WHAT YOU CAN DO ◀

## MEASURE -

WHAT IS YOUR STATE AND DISTRICT DOING ABOUT THE OPIOID EPIDEMIC AND DRUG CRISES? HOW PREVALENT ARE ADDICTIONS? WHAT ARE YOUR STATES LAWS ABOUT PRESCRIBING OPIOIDS? IS THERE A TASK FORCE?



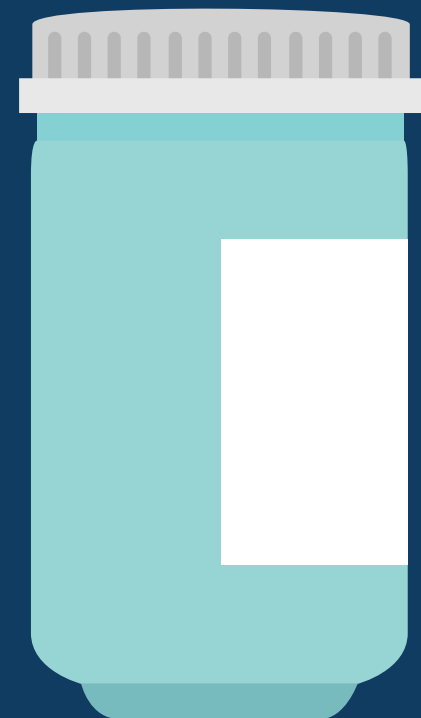
## IDENTIFY -

WHO ARE THE MEMBERS OF DRUG OR OPIOID RELATED TASK FORCES IN YOUR STATE? WHAT STEPS HAVE YOUR STATES/ DISTRICTS ELECTED OFFICIALS TAKEN?



## REACH OUT -

FIND ALLIES IN YOUR COMMUNITY AND FOSTER RELATIONSHIPS WITH LAW ENFORCEMENT, FIRST RESPONDERS, FAITH BASED ORGANIZATIONS, AND HOSPITALS



## PLAN -

SET MILESTONES BASED ON YOUR STATES LEGISLATIVE CALENDER



## EXECUTE -

CHECK YOUR STATES DEPARTMENT OF HEALTH WEBSITE, CONNECT WITH LOCAL NON-PROFIT ORGANIZATIONS AND CONTACT LOCAL BUSINESSES AND SCHOOLS TO SEE HOW OPIOIDS AFFECT THEM

