THE OPIOID CRISIS

CONTROVERSIAL ISSUES IN THE NEWS

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THE OPIOID CRISIS

CENTRAL QUESTION

How should the government combat the opioid crisis?

INTRODUCTION

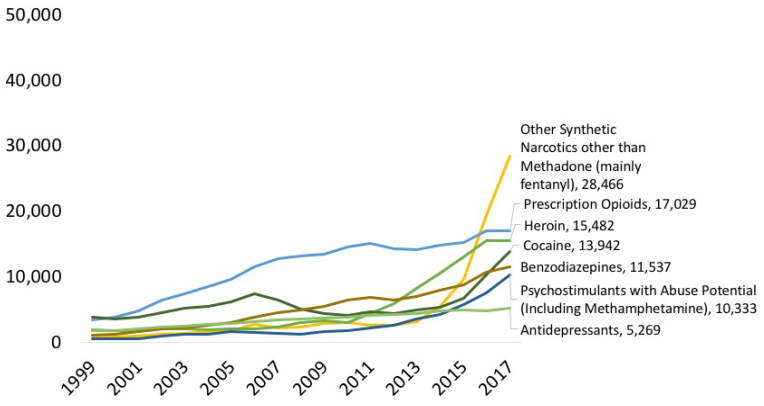
On October 26, 2017, President Donald Trump declared the opioid crisis to be a public health emergency, citing the epidemic as the "worst drug crisis in American history."[1] In this *Close Up in Class Controversial Issue in the News*, we will explore the background of the opioid crisis and challenge you to weigh the pros and cons of the various paths forward.

BACKGROUND

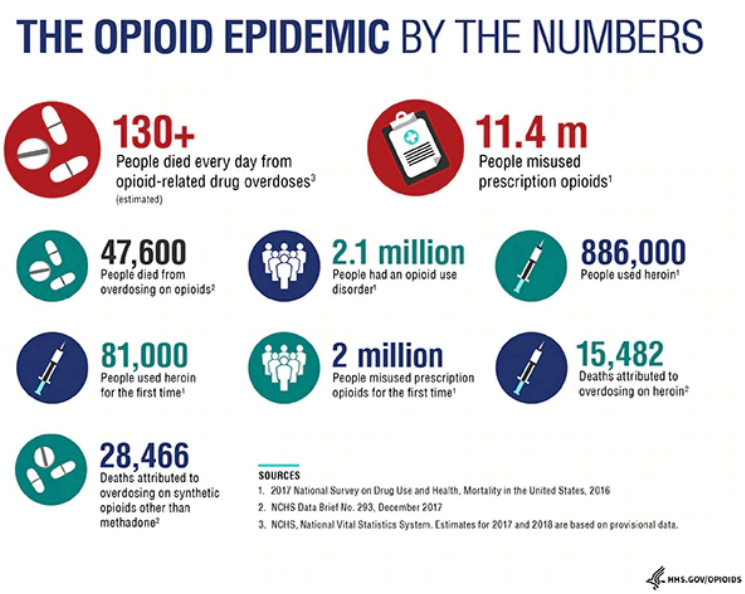
What Are Opioids? Opioids are a class of drug that include the illegal drug heroin, synthetic drugs such as fentanyl, and prescription pain relievers such as codeine, hydrocodone, morphine, and oxycodone. Legal opioid pain relievers are generally safe when they are taken for a short period of time and as prescribed by a doctor; they are dangerous when they are taken for an extended period of time or without a prescription, as doing so can result in dependence, overdose, and death.[2]

So, how did the use of opioids become a crisis in the United States? Beginning in the 1990s, doctors began to prescribe opioid pain relievers at greater rates, with assurances from pharmaceutical companies that patients suffering from severe pain would not become addicted. By the time it became clear that opioid pain relievers could be highly addictive, widespread misuse of the drugs had begun.[3]

Figure 2. **National Drug Overdose Deaths** Number Among All Ages, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018



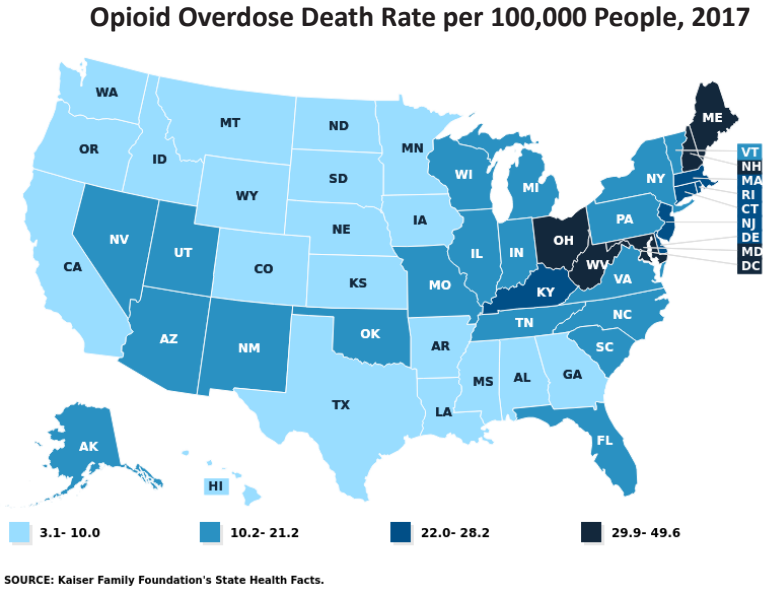
Overdose rates began to increase, and opioid pain relievers began to appear on the black market and end up in the hands of patients' family members and friends. Eventually, some users of opioid pain relievers moved on to other drugs, such as heroin and fentanyl. In fact, a 2014 study in *JAMA Psychiatry* found that 75 percent of heroin users began their drug abuse with opioid pain relievers.[4]

Today, the widespread abuse of opioids has become an epidemic—one with an annual price tag of $78.5 billion in costs related to health care, addiction treatment, lost productivity, and criminal justice, according to the Centers for Disease Control and Prevention (CDC).[5] The crisis has also taken a massive human toll across the United States.

- In 2017, more than 47,000 Americans—more than 130 people each day—died from an opioid overdose, more than any other year on record.[6]
- The same year, opioids were involved in 68 percent of deaths from drug overdose.
- Between 1999 and 2017, the number of drug overdose deaths involving opioids increased six-fold.[7]
- In 2017, 46 people died each day from an overdose of a prescription opioid. Of all opioid overdose deaths that year, 35 percent involved a prescription opioid.[8]

How the opioid crisis came to be, in 15 maps and charts

How Is the Government Responding to the Opioid Crisis? As the opioid crisis has worsened, it has disproportionately impacted states in the Rust Belt and New England. The most heavily affected states—West Virginia, Ohio, New Hampshire, and Maryland—and the District of Columbia experienced opioid overdose death rates that topped 30 per 100,000 people in 2017.[9] With some policymakers pushing for forceful government action, legislators in 45 states considered at least 480 bills related to prevention of opioid abuse in 2018 alone.[10]



SOURCE: Kaiser Family Foundation's State Health Facts.

Also at the state level:

- Thirty-three states have laws relating to limits on the duration and/or dosage of opioid prescriptions.
- Forty-nine states and the District of Columbia track opioid prescriptions in electronic databases.
- In 2018, states enacted more than 20 laws to expand access to naloxone, a drug that reverses opioid overdoses.
- In 2018, 12 states enacted laws that deal with health care provider education for prescriptions of controlled substances and/or pain management.[11]

- States have also enacted laws related to substance abuse task forces, insurance coverage for opioids with properties that tend to deter abuse, funding for drug abuse prevention and treatment programs, drug education, and drug "take-back" programs.[12]

At the federal level:

- President Barack Obama signed into law the 21st Century Cures Act of 2016, which made available $1 billion over two years for drug addiction treatment programs.[13]
- In October 2017, President Trump declared the opioid crisis to be a public health emergency, issuing an order to expand access to telemedicine (diagnosis and treatment through telecommunication) in rural areas, instruct federal agencies to eliminate bureaucratic delays for dispensing grants, and make Medicaid payments more widely available to facilities that treat substance abuse.[14] President Trump has also called on states to seek the death penalty for opioid traffickers, and for Congress to pass legislation to lower the amount of drugs needed to trigger a mandatory minimum sentence for dealing opioids.[15]
- In October 2018, Congress passed and President Trump signed the SUPPORT for Patients and Communities Act. Among its provisions, the law reauthorizes $500 million in annual funding from the Cures Act, lifts restrictions on medications for opioid addiction, expands a program to have more first responders carry and use naloxone, makes changes to Medicare and Medicaid to attempt to limit the overprescription of opioid pain relievers and expand access to addiction treatment, creates a grant program for "comprehensive opioid recovery centers" in local communities, funds new initiatives to raise awareness about proper pain treatment among health care providers, aims to improve coordination between federal agencies to stop illegal drugs at the border, and increases penalties for drug manufacturers and distributors related to the overprescribing of opioids.[16] In 2018, Congress appropriated $8.5 billion for opioid-related programs.[17]

Yeshiva University professor Ekow Yankah writes about the differences in how Americans view the opioid crisis and the crack epidemic of the 1980s

Read President Trump's remarks on the opioid crisis

EVALUATION OF PROPOSALS

How should the government combat the opioid crisis?

The following pages contain four proposals that the government (at either the federal or the state level) could incorporate in its fight against the opioid crisis. Consider the pros and cons of each proposal, conduct any additional research, and answer or discuss the following questions:

- Which proposal(s), if any, do you favor? Why?
- Which proposal(s), if any, would you change? How?
- Which proposal(s), if any, would you reject? Why?
- Are there any other proposals that you would put forward? Explain your answer.

How should the government combat the opioid crisis?

OPTION	WHAT SUPPORTERS SAY	WHAT OPPONENTS SAY
1. The federal government should remain at its current level of funding and not enact new opioid-related policies at this time. This is a state issue, and the affected states must take the lead on fighting the epidemic.	President Trump and Congress fully grasp the seriousness of the opioid crisis; this is why they have enacted a comprehensive plan of action. In 2018, Congress appropriated $8.5 billion for opioid-related programs.[18] And the SUPPORT Act is working to lift restrictions on addiction medications, have more first responders carry and use naloxone, expand access to addiction treatment through Medicare and Medicaid, stop illegal drugs at the border, and increase overprescription penalties for drug manufacturers and distributors.[19] With the national debt standing at more than $22 trillion, it is time for the affected states to take up their share of the burden. It is wrong to ask taxpayers in Nebraska (where the opioid overdose death rate was 3.1 instances per 100,000 people in 2017) to foot the bill for a crisis that is much more heavily affecting West Virginia (49.6) and Ohio (39.2).[20] The federal government is doing what it can; states in New England and the Rust Belt must now do their part.	Each day, more than 130 Americans die from an opioid-related overdose.[21] Only the federal government—not cash-strapped state governments—has the resources to end this epidemic. "We're underwater," said Representative David McKinley, R-W.Va. "I don't understand why more resources aren't flowing to help out a rural state like West Virginia."[22] The SUPPORT Act is an excellent start, but it lacks the scope and long-term funding needed to end this crisis. The bill fails to tackle the nationwide shortage of treatment beds for rehabilitation, does little to encourage doctors to prescribe addiction medications, and lacks significant long-term funding to keep new grant programs up and running.[23] "Saying that we'll get there eventually is not sufficient," said Keith Humphreys, a professor at Stanford University. "If it takes another year, that's another 60 or 70,000 people in their graves. That's not good enough."[24]

OPTION	WHAT SUPPORTERS SAY	WHAT OPPONENTS SAY
2. States should enact taxes or fees on opioid manufacturers in order to fund efforts to fight opioid addiction.	In recent years, lawmakers in at least 15 states have introduced bills that would impose taxes or fees on prescription opioid pain relievers. These measures have the potential to generate millions of dollars for addiction treatment and prevention programs—and to force opioid manufacturers and distributors to bear the brunt of the cost. "You're creating the problem," said state Senator Roger Webb, R-Mont. "You're going to fix it."[25] In early 2019, lawmakers in New York passed a second law to tax prescription opioids, after enforcement of a previous version was found to be unconstitutional. And in January, Governor Charlie Baker, R-Mass., proposed a 15 percent tax on sales of prescription opioids that could generate more than $14 million each year.[26] These proposals are smart and targeted, and could even help reduce opioid use. "If the actual price for these products reflected their true costs, I think we'd see a greater emphasis on reducing opioid use and encouraging use of pain treatments that are much safer and more effective," said Andrew Kolodny of Brandeis University.[27]	Enacting a tax on opioid manufacturers may sound like a simple, commonsense plan. But in reality, it is a dangerous proposal that would make essential prescription drugs more expensive and unattainable. "We do not believe levying a tax on prescribed medicines that meet legitimate medical needs is an appropriate funding mechanism for a state's budget," said Priscilla VanderVeer, a spokesperson for Pharmaceutical Research and Manufacturers of America. And she is absolutely right. A new tax on opioids could mean that cancer patients, people recovering from major surgery, and hospice patients in end-of-life care might not be able to get the prescription drugs that they need.[28] This is because it is all too easy—and inevitable—for opioid manufacturers to simply pass the tax down to consumers in the form of higher prices. "The tax throws the burden of the epidemic on the back of patients, pharmacists, and hospitals, while allowing pharmaceutical and drug makers to again go scot-free," said Assemblywoman Linda Rosenthal, D-N.Y.[29] This is unacceptable.

OPTION	WHAT SUPPORTERS SAY	WHAT OPPONENTS SAY
3. Congress should pass the Comprehensive Addiction and Recovery Act (CARA 2.0) of 2018. The bill, which is sponsored by Senators Rob Portman, R-Ohio, and Sheldon Whitehouse, D-R.I., would impose a three-day limit on initial opioid prescriptions for acute pain.	Prescription opioids serve an important purpose: to treat acute pain. But in these cases, the CDC recommends the following: "Clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed."[30] The CARA 2.0 Act would follow these guidelines while including important exceptions for chronic pain and pain resulting from ongoing illnesses.[31] "There is clear consensus that there are too many prescriptions for opioids for too many days at too high a dose," wrote Anand Parekh, a former deputy assistant secretary of Health and Human Services. "In 2015 the sheer quantity of opioids prescribed by health care professionals was enough for every American to be medicated around the clock for three weeks."[32] There are already 33 states with laws that relate to limits on opioid prescriptions; this bill would finally place the whole country on the same page.[33]	The CARA 2.0 Act is a well-intentioned piece of legislation, but it creates an arbitrary limit on prescriptions and ignores the clinical realities that doctors face each day. "If they had said a three-day limit on initial opioid treatment for acute pain by primary care, I think everybody could support that, because primary care [doctors] aren't going to operate on a ruptured aortic aneurysm," said Dr. Richard Hurley, president of the Texas Pain Society. "[The limit] does not take into account the patients themselves, and it doesn't take into account the diagnosis, etiology of pain, and the overall time it takes for the body to heal. It basically takes the clinical picture out, and that's absurd. … Not everybody heals the same."[34] In truth, this bill would hamstring doctors from prescribing necessary medications to patients who suffer from severe pain. Such a blanket regulation would be a vast overreach by the federal government and prevent doctors from using their own informed judgment of their patients' individual needs.

OPTION	WHAT SUPPORTERS SAY	WHAT OPPONENTS SAY
4. Congress should pass the Comprehensive Addiction Resources Emergency (CARE) Act of 2018. The bill, which is sponsored by Senator Elizabeth Warren, D-Mass., and Representative Elijah Cummings, D-Md., would commit $100 billion over ten years to combat drug addiction, giving money to cities, counties, states, and other organizations for addiction treatment and prevention programs.	The government cannot end a nationwide opioid crisis with a piecemeal approach. The CARE Act, on the other hand, is a bold, comprehensive plan that would make significant gains in the fight against opioid addiction. "Our communities are on the front lines of the epidemic, and they're working hard to fight back," said Senator Warren. "But they can't do it alone. They can't keep nibbling around the edges." Added professor Humphreys: "Whatever else people might say about it, this is the first thing that really recognizes that [the opioid crisis] is a massive public health problem, like AIDS, and is not going to be solved by a tweak here, a tweak there."[35] The bill, which is modeled after the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, would provide $4 billion per year to states, territories, and tribal governments; $2.7 billion per year to the hardest hit counties and cities; $1.8 billion per year for public health surveillance and research; and $500 million per year to expand access to naloxone.[36] This robust level of funding would finally make a difference.	The epidemic of opioid addiction is indeed a crisis. Unfortunately, it is not the only crisis that the United States is facing right now. The national debt currently stands at more than $22 trillion, the effects of which could be felt by generations to come. In early 2019, tens of thousands of undocumented immigrants were showing up at the southwest border each month, asking for asylum and straining law enforcement resources to an unprecedented degree. And policymakers continuously decry the lack of funding for education and health care services across the country. But the fact remains that the United States has finite resources to spend on these crises, and there must be enough money to go around. In 2018 alone, Congress appropriated $8.5 billion for opioid-related programs. To demand another $100 billion over the next ten years is not feasible, realistic, or fiscally responsible, no matter how noble the intention.[37]

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