

THE OPIOID CRISIS

CONTROVERSIAL ISSUES IN THE NEWS



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THE OPIOID CRISIS

CENTRAL QUESTION

Should the federal government do more to combat the opioid crisis?

INTRODUCTION

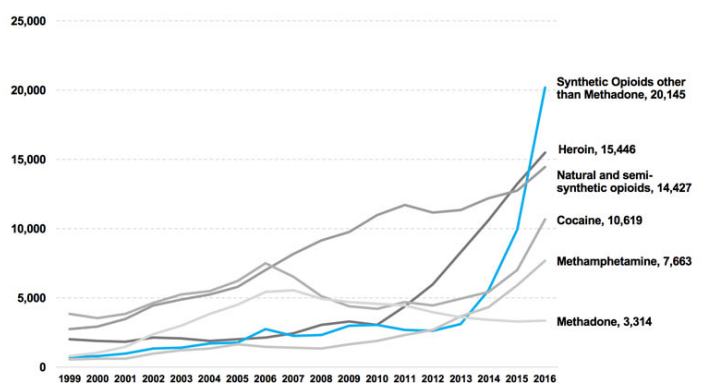
On October 26, 2017, President Donald Trump declared the opioid crisis in the United States a public health emergency, citing the epidemic as the “worst drug crisis in American history.”¹ As some policymakers hailed the president’s action, others insisted that it falls far short of what is needed to bring an end to opioid abuse. In this *Close Up in Class Controversial Issue in the News*, we will explore the background of the opioid crisis, examine the actions promised by the Trump administration, and challenge you to weigh the pros and cons of the paths forward.

BACKGROUND

Opioids are a class of drugs 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 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. Even-

Drugs Involved in U.S. Overdose Deaths, 2000 to 2016

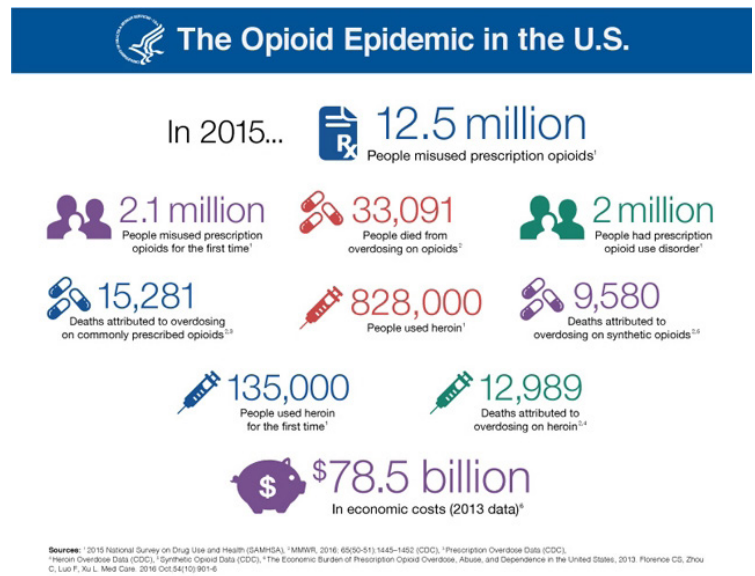


Source: CDC Wonder

tually, 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.⁵ The crisis has also taken a massive human toll across the United States.

- In 2015, more than 33,000 Americans—91 people each day—died from an opioid overdose, more than any other year on record.⁶
- Opioids are involved in more than six out of ten deaths from drug overdose.
- Since 1999, the number of drug overdose deaths involving opioids has quadrupled.
- Nearly half of all opioid overdose deaths involve a prescription opioid.⁷
- Between 1999 and 2015, more than 183,000 people died from overdoses of prescription opioids.⁸



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

THE CURRENT CONTROVERSY



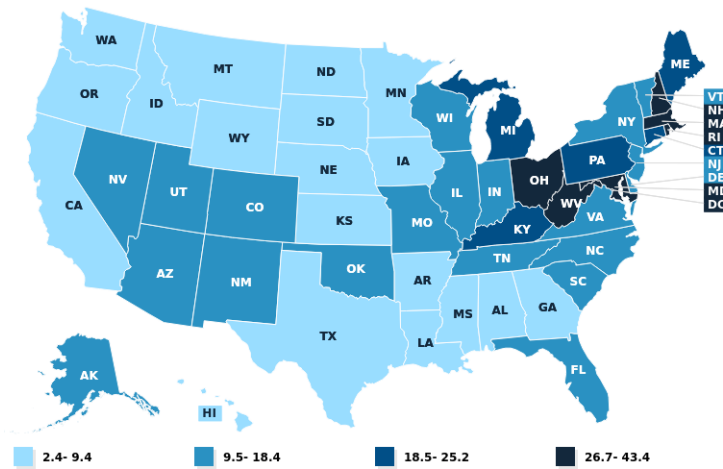
Should the federal government do more to combat the opioid crisis?

As the opioid crisis has worsened, it has disproportionately impacted states in the Rust Belt and New England. The two most heavily affected states, West Virginia and New Hampshire, experienced opioid overdose death rates that topped 30 per 100,000 people in 2015.⁹

With some policymakers pushing for forceful government action, legislators in 47 states considered at least 536 bills related to prevention of prescription drug abuse in 2016 alone.¹⁰ Also at the state level:

- As of early 2017, ten states—Arizona, Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont—have laws that limit the duration of first-time opioid prescriptions.¹¹
- Forty-nine states and the District of Columbia track opioid prescriptions in electronic databases.
- In 2016, states enacted more than 40 laws to expand access to overdose reversal drugs.
- In 2016, nine states enacted laws to provide training related to prescriptions of controlled substances and/or pain management.
- In 2016, states enacted at least 55 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

Opioid Overdose Death Rate per 100,000 People, 2015



Source: Kaiser Family Foundation

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 A group of Senate Democrats introduced another bill in October 2017 to provide more than \$45 billion for opioid abuse prevention and treatment programs—the same amount of money Republicans put forward for such programs in bills that would have repealed the Patient Protection and Affordable Care Act, also known as Obamacare.¹⁴

On October 26, 2017, President Trump declared the opioid crisis a public health emergency and vowed, “We can be the generation that ends the opioid epidemic.” Among its provisions, President Trump’s order will 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.¹⁵

President Trump has also called on states to seek the death penalty against opioid traffickers, and for Congress to pass legislation to lower the amount of drugs needed to trigger a mandatory minimum sentence for dealing opioids.¹⁶

However, President Trump stopped short of requesting new funds from Congress, indicating that he would instead seek to reallocate money from other federal programs and work with Congress to find additional funding. He also declined to declare a national state of emergency, which would have given states access to the Disaster Relief Fund, as they would have in the aftermath of a natural disaster. Administration officials insisted that such an emergency declaration would not be a proper fit for a complex, long-term crisis.¹⁷

The following week, the President’s Commission on Combating Drug Addiction and the Opioid Crisis released more than 50 recommendations. The commission called for expanding drug courts (in which substance abusers are channeled into treatment) to all 94 federal jurisdictions, requiring doctors who prescribe opioids to show that they have received the proper training, and mandating that doctors check prescription-drug-monitoring databases to ensure that patients are not “doctor shopping” for drugs. But like President Trump, the commission did not identify new funds for the opioid crisis; instead, it called for block grants that would consolidate federal funds from various sources.¹⁸

The two White House announcements spurred a debate about whether or not the federal government should do more to combat the opioid crisis. Supporters of additional federal action argue that billions of dollars are needed immediately to combat this worsening crisis—funds that state and local governments do not have and funds for which President Trump has not pressed Congress. Opponents of additional federal action insist that the federal government—mired in more than \$21 trillion in national debt—is already aggressively fighting this crisis, and that it now falls to the affected states to take up the burden.

 [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](#)



SHOULD THE FEDERAL GOVERNMENT DO MORE TO COMBAT THE OPIOID CRISIS?



YES: The federal government must act now with new funds to fight this deadly epidemic.

On October 26, President Trump declared the opioid crisis a public health emergency. Unfortunately, his declaration falls far short of what is needed to fight a nationwide emergency. “People are dying,” pleaded Dr. Andrew Kolodny of Physicians for Responsible Opioid Prescribing. “We have people dying of overdoses on waiting lists for effective treatment.”¹⁹

Each day, 91 Americans die from an opioid-related overdose. An estimated two million Americans are currently suffering from substance abuse disorders related to prescription opioid pain relievers, and 591,000 are suffering from heroin addiction.²⁰ Only the federal government—not cash-strapped state and local governments—has the resources to end this epidemic. “We’re underwater,” said Representative David McKinley, R-W.Va., whose state has the highest overdose rate in the country. “I don’t understand why more resources aren’t flowing to help out a rural state like West Virginia.”²¹

In the face of an opioid crisis that touches every state, the federal government must take more aggressive action. Public health experts have called for the creation of a national drug abuse prevention strategy, better access to substance abuse treatment programs, more money for communities to stock up on overdose reversal drugs, and new funding that does not take away from other public health programs.²²

President Trump, in contrast, has proposed shifting existing funds to fight the opioid crisis and working with Congress to replenish the Public Health Emergency Fund, which contains just \$57,000. “There are some measures in [President Trump’s] package that suggest states could shift money away from HIV to the opioid crisis, but the fact is patients who are suffering from the opioid crisis, they have other health concerns too,” said Tiffany Kaszuba of the Coalition for Health Funding. “It’s not even robbing Peter to pay Paul anymore. It’s robbing Peter to pay Peter.”²³

“America is hemorrhaging lives by the day because of the opioid epidemic, but President Trump offered the country a Band-Aid when we need a tourniquet,” said Senator Ed Markey, D-Mass., who criticized the president for not requesting emergency funds from Congress. “Today’s announcement is nothing more than a dog-and-pony show in an attempt to demonstrate the Trump administration is not ignoring this crisis.”²⁴

“What we need is for the president to seek an appropriation from Congress, I believe in the billions, so that we can rapidly expand access for effective outpatient opioid addiction treatments,” said Dr. Kolodny. “Until those treatments are easier to access than heroin or fentanyl, overdose deaths will remain at record-high levels.”²⁵



NO: The debt-ridden federal government is already doing all it can; the affected states must now step up.

“No part of our society—not young or old, rich or poor, urban or rural—has been spared this plague of drug addiction and this horrible, horrible situation that’s taken place with opioids,” said President Trump. “This epidemic is a national health emergency.”²⁶

President Trump fully grasps the seriousness of the opioid epidemic, and the plan he outlined is full of serious actions. To call on the federal government to also open up access to the Disaster Relief Fund—designed for natural catastrophes—is unreasonable, unsustainable, and fiscally irresponsible.

The White House has proposed a plan that will take several important steps. It will waive a policy that blocks Medicaid payments to inpatient facilities that have more than 16 substance-abuse beds. The Food and Drug Administration will require, in the words of President Trump, “a specific opioid, which is truly evil, be taken off the market immediately.” The Postal Service and the Department of Homeland Security will strengthen package inspections to reduce the amount of fentanyl (much of which comes from China) entering the United States.²⁷ President Trump has promised “great advertising” to discourage Americans from using opioids, in the manner of Nancy Reagan’s “Just Say No” campaign.²⁸ Most importantly, the White House is working with Congress to find additional funding to help combat the opioid crisis.²⁹

In other words, the federal government is already doing a tremendous amount to combat the opioid epidemic. Patrice Harris, the chairwoman of the American Medical Association’s opioid task force, called President Trump’s declaration “a move that will offer needed flexibility and help direct attention to opioid-ravaged communities.”³⁰

To argue that the White House should go a step further and declare a state of emergency is to misunderstand how the government works. Such a broad move would overburden the Disaster Relief Fund, which was used for three major hurricanes in 2017. To place the opioid crisis in the hands of the Federal Emergency Management Agency would be “like asking an engineer to bake a cake,” according to Rafael Lemaitre, the communications director for the White House Drug Policy Office under President Obama.³¹

Instead, it is time for the affected states to take up this burden. It is wrong to ask taxpayers in Nebraska (where the opioid overdose death rate was just 3.1 instances per 100,000 people in 2015), South Dakota (3.5), and North Dakota (4.8) to foot the bill for a crisis that is much more heavily affecting West Virginia (36), New Hampshire (31.3), and Ohio (24.7).³² The federal government is doing what it can; states in New England and the Rust Belt must now do their part.

QUESTIONS TO CONSIDER



1. Do you believe the federal government should do more to combat the opioid crisis? Why or why not?
2. Do you believe that combating the opioid crisis is primarily a responsibility of federal, state, or local government? Explain your reasoning.
3. Outline a policy prescription that you would put in place to combat the opioid crisis on the federal, state, or local level. If your proposal requires additional government spending, where would the funds come from?



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