

POLICY FOCUS

The Opioid Epidemic

RECIPES FOR RATIONAL GOVERNMENT FROM INDEPENDENT WOMEN'S FORUM

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WHAT YOU NEED TO KNOW

America has an opioid overdose epidemic. Opioid overdose now claims 91 American lives each day, and more than 1,000 people visit emergency rooms daily due to the misuse of opioid drugs. In August 2017, President Trump announced that he would declare a National State of Emergency regarding opioid abuse.

Opioids are drugs that act on the nervous system to reduce pain, including legal prescription drugs like oxycodone, hydrocodone, codeine, and morphine, as well as the illegal drug heroin. While legal opioids are safe when used properly under doctor's orders, they can be harmful if misused. Overdose happens by depressing the body's respiratory system, and breathing stops.

Opioid addiction does not discriminate: It can happen to people of all races, all incomes, both male and female. However, addiction can have unique consequences for women, especially expectant mothers whose babies may suffer from withdrawal.

Many factors have contributed to the recent surge in opioid addiction: Advocacy groups pressured health providers to be more aggressive in treating pain. Government policies fostered incentives for prescribing pain medications. Insurance plans, including Medicaid and Medicare, often covered opioids but not other pain-management treatments. And other economic factors—like joblessness—led to spikes in drug addiction as well.

However, we may be beginning to turn the tide in the fight against opioid abuse. Education—for policymakers, doctors and patients—is the first step. Positive policy changes can help empower health providers by relieving the pressure to prescribe drugs in response to pain.

WHY YOU SHOULD CARE

The opioid crisis is tragically destroying lives and costing our health system.

● **Drug Overdose Deaths Have Tripled**

Since 2000: As Chris Christie, Chair of the President’s Commission on the Opioid Crisis, said, “We have a 9/11 scale loss every three weeks.” This loss of life is tragic and astounding. Opioid abuse is affecting even the most vulnerable, newborn babies, in the form of opioid withdrawal syndrome.

● **It Costs our Health System, Criminal**

Justice System and Economy: The estimated cost of the opioid epidemic are as high as \$78.5 billion annually. Joblessness and drug abuse form a vicious cycle, meaning the unemployed are at higher risk for addiction, but drug addiction sadly can also make it impossible for people to find new jobs.

● **Various Factors Helped Create the Problem:**

Government policies and health advocacy groups contributed by elevating pain to be the “fifth vital sign,” encouraging the over-prescription of opioids for pain relief, and restricting insurance coverage only to pharmaceutical pain treatment.

● **Positive Changes Can Reverse Course:**

There’s hope that together, policymakers, health providers, and communities can provide help for those who are facing addiction, and just as importantly, work to prevent future addiction before it starts.

MORE INFORMATION

Scope of the Opioid Crisis

From 2000 to 2015, opioid overdose claimed **more than half a million** American lives. During approximately the same time period, the number of people dying each year from opioid overdose quadrupled, indicating a troubling trend. More than **33,000 people** died from opioid overdose in 2015, a record high. This translates to **more than 90 deaths** per day. **Six in ten** drug overdoses in the U.S. involve opioids.

More than 2 million Americans struggle with addiction to prescription opioids, and 591,000 are addicted to heroin (**these numbers** are not mutually exclusive). **One in four** patients with an opioid prescription will misuse the drugs and **between 8 to 12 percent** will develop opioid use disorder, the medical term for addiction.

Problematically, although opioid prescriptions have decreased from 2010 to 2015 by **18 percent**, opioid-related deaths remain high because addicted people often turn to illicit opioids, like synthetically produced fentanyl or heroin. It is estimated that **4-6 percent** of people with opioid prescriptions turn to heroin use, and **80 percent** of heroin users first misused a prescription opioid drug.

Drug poisonings are now **the number one cause** of death for Americans under 50.

As Thomas Gilson, the medical examiner for Cuyahoga County, OH, **pointed out**, the loss of life due to opioid overdose is now equal to the casualties of the entire Vietnam conflict. Chris Christie, Chair of the President’s Commission on the Opioid Crisis, made a similarly stark comparison when **he said**, “We have a 9/11 scale loss every three weeks.”

This should be a wake-up call: We are truly experiencing a national emergency.

Impact on Women and Children

Typically, substance use disorders affect men more than women. But this is not true for opioid use disorder. Women are just as *likely* as men to be affected, but it’s important to understand the ways that women and men are affected *differently*. The opioid crisis has particularly dire consequences for women.

Women have a greater inflammatory response to pain than men and are more likely to have chronic pain. They are also more likely to get opioid prescriptions and take these drugs for longer periods of time.

Sadly, incidence of neonatal abstinence syndrome (NAS)—opioid withdrawal in newborn babies—has seen a **five-fold increase** since the year 2000. Every **25 minutes**, a baby with NAS is born. These infants typically have to stay in hospitals for about **17 days**,

compared to the 2 days for healthy newborns. Importantly, drug abuse during pregnancy can also lead to a host of other health problems and complications. In some areas, NAS has contributed to an increase in infant mortality.

Among pregnant women, **17-19 percent** are prescribed opioids. Dr. Randy Tobler, a board-certified OB-GYN, explained in an **IWF podcast** that pregnancy and the post-partum period can be especially difficult times for women to taper or stop opioid use because the time can be marked by physical pain and emotional stress.

The impact on maternal health isn’t the only way the opioid crisis affects women and families. Opioid addiction is most likely to affect women (and men) in their prime parenting years, **ages 25-54**. This tragically means that the crisis is contributing to an **increase in home removals** by Departments of Child Services. When opioid abuse is taking place, it is not safe for children to be in the home.

Because of the link to illicit drugs, the opioid crisis is also associated with an increase in **HIV and Hepatitis C infections** from injections. Women who resort to illicit drug markets can also be drawn into **sex work or face violence and abuse**.

Economic Impact

Of course, the human cost of the opioid epidemic far overshadows its cost in dollars,

but in addition to the tragic loss of life, the U.S. is experiencing an incredible economic burden due to opioid abuse.

Several studies have attempted to account for the costs, but it is very difficult to consider how the crisis affects so many different sectors: health care (where 1,000 emergency room visits per day are related to opioid misuse), the criminal justice system, other social supports like Child Protective Services, and the opportunity cost of so many addicted (or deceased) Americans unable to contribute to the economy. So even the many studies on this topic may not fully capture the costs.

A 2011 study in the journal **Pain Medicine** put the total cost at \$55.7 billion, combining an estimated \$25 billion in additional costs to the healthcare system, \$5.1 billion to the criminal justice system, and \$26.5 billion in lost wages.

Another study in **Med Care** in 2013 also included drug addiction treatment costs and put the total figure at \$78.5 billion.

A health economist at Harvard, Anupam Jena, told **The New Yorker** that he believes the cost could be as high as \$100 or \$150 billion annually. He uses \$5 million per life, the value that life insurance companies often use, to come up with this figure.

No matter what the exact amount, it's clear that a public health crisis that is damaging so many lives is taking a toll on our economy as well.

Factors Contributing to the Crisis

It's tempting to oversimplify this epidemic and place all the blame on one party, whether it's government, doctors, drug companies, patients, insurers, the economy, or culture. But reality is more complex: Many factors contributed.

In the 1990's, the health community began to treat pain with opioids more aggressively. Drug prescriptions increased dramatically. Doctors didn't just do this because they wanted to relieve pain (although that's an understandable impulse), but the culture in hospitals was greatly influenced by advocacy groups like the American Pain Society and government policies imposed via the Medicare and Medicaid programs.

In 1996, the American Pain Society began a campaign to elevate pain as the "fifth vital sign." This was misguided. Pain, unlike the other vital signs, cannot be objectively measured. Providers depend on patients to say how much it hurts. This provides an opening for drug addicts to abuse the system.

Doctors also faced pressure from the government as well: The Center for Medicaid and Medicare Services included questions about pain management in patient satisfaction surveys that were linked to payment, encouraging a standard of patient-pleasing over good medicine. This fostered a culture that encouraged healthcare providers to offer

pain-relieving prescriptions, popular with patients, without adequate regard for the potential long-term downside to these drugs.

Few people outside of medicine are aware of the influence of another very powerful organization, the Joint Commission. The JC has a unique statutory mandate to accredit hospitals to work with Medicare, and most states rely on JC accreditation as a prerequisite for Medicaid reimbursement as well. These are by far the biggest payers in American health care. If the JC says jump, hospitals ask, “How high?”

Since 2001, the JC has issued pain management and treatment standards. Last year, dozens of health providers and groups sent a letter to the JC, saying that its standards “encourage unnecessary, unhelpful, and unsafe pain treatments that interfere with primary disease management.” The letter asked that JC change its standards to allow individual clinicians to use their judgment for pain assessment rather than mandating routine pain assessment.

Combatting the Crisis

The good news is that the United States has started to address the opioid crisis. There are efforts at every level, from community organizations to the highest levels of government, to treat addiction and prevent new addictions before they start.

This will need to be a multi-pronged approach:

President Trump created a Commission on the Opioid Crisis, led by Chair Chris Christie. This Commission will study the epidemic and make recommendations to lawmakers and the public about how to combat opioid addiction.

In 2017, Medicare removed questions about pain from patient satisfaction surveys. Doctors should not feel pressure to prescribe drugs to get high scores on these surveys. This was a step in the right direction. Government policies and guidance from the Joint Commission should be reviewed to empower individual health providers and get away from over-standardization.

Health providers and patients need to be aware of the potential for addiction to certain opioid drugs. There should be every effort to use other pain treatment therapies when appropriate. Patients often need to be educated about their pain; pain is typically a symptom of a deeper health issue, not a disease in itself.

Insurers, including Medicare and Medicaid, should cover non-opioid pain treatments so that patients can afford these options. Communities should continue to do outreach to those at risk for addiction or already addicted, and help connect them with the help they need to fight back.

The opioid epidemic will not be easy to combat, but through cultural and policy changes, we can work to reduce the misuse of opioid drugs and ultimately save lives.

WHAT YOU CAN DO

- **Get Informed:** Learn more about the opioid epidemic. Visit:
 - **Office of National Drug Control Policy**
 - **Centers for Disease Control**
 - **National Institute on Drug Abuse**
- **Talk to Your Friends:** Help your friends and family understand these important issues. Tell them about what's going on and encourage them to join you in getting involved.
- **Become a Leader in the Community:** Get a group together each month to talk about

a political/policy issue (it will be fun!). Write a letter to the editor. Show up at local government meetings and make your opinions known. Go to rallies. Better yet, organize rallies! A few motivated people can change the world.

- **Remain Engaged Politically:** Too many good citizens see election time as the only time they need to pay attention to politics. We need everyone to pay attention and hold elected officials accountable. Let your Representatives know your opinions. After all, they are supposed to work for you!

ABOUT INDEPENDENT WOMEN'S FORUM

Independent Women's Forum (IWF) is dedicated to building support for free markets, limited government, and individual responsibility.

IWF, a non-partisan, 501(c)(3) research and educational institution, seeks to combat the too-common presumption that women want and benefit from big government, and build awareness of the ways that women are better served by greater economic freedom. By aggressively seeking earned media, providing easy-to-read, timely publications and commentary, and reaching out to the public, we seek to cultivate support for these important principles and encourage women to join us in working to return the country to limited, Constitutional government.

We rely on the support of people like you! Please visit us on our website www.iwf.org to get more information and consider making a donation to IWF.

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