

OUR OPIOID CRISIS

This article is one of a series written by the Reading Board of Health intended to provide Reading residents with scientific data on human health and welfare topics. We hope the information presented will help people make informed decisions regarding these issues

The abuse of illegal and prescribed opioids has become an epidemic in the US. According to the US Health and Human Service (HHS), the rate of opioid-related overdose deaths has nearly quadrupled since 2000, now totaling 78 deaths on an average day in the States. Although lower in comparison to estimates of smoking related deaths of 1,300 per day and alcohol related deaths of 240 per day, the number of opioid-related deaths is substantial and the rate of increase is of grave concern to Public Health officials. Heroin use has increased among all income levels and has doubled among adults aged 18 to 25 in the last decade. In Massachusetts, DPH figures indicate that unintended opioid deaths increased 41% between 2013 and 2014, and 18% between 2014 and 2015. In 2015 the estimated number of unintended opioid deaths was 1,531. Alarming, estimates for the first six months of 2016 are higher than 2015.

Heroin is by no means the only substance of opioid abuse. Opiates present in ingredients in pain killers such as Percocet, Vicodin, and Oxycontin, caused 37% of all US drug overdoses in 2013. Fentanyl is a relatively new synthetic opiate which is 50 to 100 times more potent than heroin. So far in 2016, the Massachusetts Chief Medical Examiner's office found that Fentanyl was involved in 66% of opiate-related deaths. Patch and lozenge forms of Fentanyl are difficult to abuse when prescribed legally but most Fentanyl that is abused is manufactured and sold illegally. HHS estimates that there are 650,000 prescriptions for opiates dispensed every day throughout the country, but does not estimate the amount diverted for abuse. In a retrospective analysis, HHS notes that in the 1960's, 80% of opiate abuse started with heroin, whereas 75% of people that abuse opiates today started with legally prescribed opiates.

Aside from the medical costs in emergency room and inpatient care associated with opioid poisonings (estimated at \$20 billion annually), the emotional costs to the patients, their friends, and their family members are immeasurable.

Federal and state officials are taking steps to address this crisis. Naloxone, a life-saving drug often used by first responders, is a narcotic antagonist which can be administered nasally and quickly reverses the lethal effects of an opioid overdose. President Obama requested \$1.1 billion in funding for treatment and prevention of opioid abuse. The CDC has released guidelines for the prescribing

of opioids and funded Prescription Drug Monitoring Programs which will hopefully expand to all 50 states. The Substance Abuse and Mental Health Administration has funded the Medication-Assisted Treatment (MAT) program. The program increases the successful treatment of abuse and reduces risk behaviors that lead to recidivism.

In Massachusetts, lawmakers have begun to address the epidemic. In 2014, legislators passed into law a bill that requires insurance coverage without prior authorization for acute treatment, detoxification, and clinical stabilization for up to 14 days of inpatient care. In 2016, Governor Baker signed legislation which includes several measures to curb opiate availability. First time recipients of prescribed opiates will be limited to a 7 day supply, and medical professionals must check the DPH online monitoring program for patient history before prescribing opiates. Those admitted to the emergency room for opioid overdoses are required to receive a mental health evaluation, and those in recovery to receive FDA approved therapies on discharge.

Assistance to combat substance abuse problems is available at the website for the Reading Coalition Against Substance Abuse (RCASA) at www.reading.k12.ma.us/community/rcasa/ as well as the Substance Abuse and Mental Health Services Administration (1-800-662-HELP or www.samhsa.gov).