

# THE OPIOID EPIDEMIC: SHIFTING FROM WAR TO PEACE

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*ABSTRACT: The misleading and unethical marketing practices of pharmaceutical companies during the late 90s led to a health crisis referred to as the opioid epidemic. As the rates of opioid usage skyrocketed along with the rates of bloodborne illnesses due to needle sharing, the United States government's policy of extreme criminalization served to worsen the problem. Faced with a growing crisis, research into alternative policies in efforts to reduce rates of death related to opioids yielded positive results. Separately, programs such as needle exchanges, rehabilitation, and decriminalization were effective in remedying the different consequences of the opioid epidemic. However, because of the complexity of this issue, the United States must implement most or all of these policies together with the shift from a private healthcare system to a public healthcare system.*

## Introduction

The National Institute on Drug Abuse attributes the beginning of the opioid epidemic to the promises of pharmaceutical companies in the late 90s. These companies assured healthcare providers that their opioid drugs weren't addictive, causing doctors to prescribe them at a highly increased rate. Soon, patients began misusing these prescription drugs, leading to what many today call the opioid epidemic. This epidemic is a many-headed beast; not only do those suffering from use disorders run the risk of overdosing, but the current way the epidemic is treated perpetuates the spreading and sharing of used needles. Since injection is the most common form of opioid use, used needle sharing spreads bloodborne diseases such as HIV/AIDS and hepatitis. A combination of doctor negligence, Big Pharma cover-ups, as well as waging the War on Drugs and the stigma that comes with it has greatly exacerbated the issue. Opioid use disorder rates are continuing to rise and in order to combat this great threat to public health, the United States must revolutionize its healthcare system, shift its policies on drug use to one of decriminalization rather than war, and hold pharmaceutical companies accountable.

To begin with, the United States government's heavy-handed "War on Drugs" approach has left many who suffer from opioid use disorder imprisoned with no access to addiction treatment. This tactic has cost the country over \$50 billion annually according to the Drug Policy Alliance. Despite the billions of dollars spent on the issue, drug-related deaths continue to rise. The Center for Prisoner Health and Human Rights reports that in 1980, the population of drug users in prison was 40,000. Since then, that population has increased by 450,000. Despite the idea that imprisonment fixes the issue, opioid-related deaths have risen steadily since the 90's with sharp increases in recent years, according to the Center for Disease Control. It is revealed in a *The New York Times* article by Timothy Williams that less than 30 of the over 5,000 jails and prisons in the United States provide treatment for opioid use disorder. He attributes this to a widespread view held by corrections officials that opioid use disorder medication, which itself is an opioid, is simply just another drug for people to become addicted to. This is a false belief, however. In two studies published in the medical journals *Addiction* and *The Biomedical Journal*, opioid use disorder medications such as methadone and buprenorphine, when used

simultaneously with counseling and support groups, were found to be effective in reducing opioid-related deaths by over 50 percent. A 2018 study published in the *American Journal of Public Health* found that, “in the first two weeks after being released from prison, former inmates were 40 times more likely to die of an opioid overdose than someone in the general population.” Not only does imprisonment not heal substance abuse disorder, but the stigma and prejudice surrounding opioids by officials puts those suffering from use disorders at an increased risk of danger. The war on drugs has not worked and has caused a dangerous cycle of imprisonment and neglect by the government. Studies have shown opioid treatment to be effective and criminalization has been proven to increase drug-related deaths. With opioid deaths on the rise, the escalation of the War on Drugs by politicians such as former Attorney General Jeff Sessions is a dangerous repeat of history, a tactic that has been used many times and hasn’t worked.

The first step in addressing this issue is decriminalization. In 2001, Portugal made a radical decision to combat its own drug crisis. Instead of extreme criminalization like the United States, Portugal became the first and only country to decriminalize the possession and use of all drugs. “Decriminalization” does not mean “legalization.” By decriminalizing drugs, Portugal removed criminal offense for the possession and consumption of illicit substances. Instead, Portugal now deals with illicit substance infractions outside of criminal justice (e.g. rehabilitation and counseling). Glenn Greenwald, an award-winning journalist who has written extensively on drugs and criminal justice reform, in a report about Portugal’s drug policies provides data that shows that drug-related deaths and drug-related diseases have decreased since Portugal changed its policies in 2001 (17-18).

He also states that an important reason for decriminalization was to destigmatize drug use disorder: “A related rationale for

decriminalization was that removal of the stigma attached to criminal prosecution for drug usage would eliminate a key barrier for those wishing to seek treatment. Even in those nations where drug users are not typically punished with prison—such as Spain—the stigma and burden of being convicted of a criminal offense remain” (9). Many conservative leaders in Portugal had fears that their country would see an increase in drug use and drug-related tourism due to decriminalization (6). These fears were unfounded. Portugal’s framework for drug treatment has been a resounding success. The United States has failed in its mission to fight the drug epidemic. It is clear when compared with Portugal that the war on drugs and heavy criminalization has not succeeded in its goal.

Another vital step in combating the opioid epidemic is for the United States to transition from a private health care system to a publicly-funded universal health care system. According to the World Health Organization, universal health care consists of three objectives:

- Equity in access to health services - everyone who needs services should get them, not only those who can pay for them;
- The quality of health services should be good enough to improve the health of those receiving services; and
- People should be protected against financial-risk, ensuring that the cost of using services does not put people at risk of financial harm.

Many politicians want to repeal the Affordable Care Act, America’s closest policy to universal health care, which would be a mistake and a blow to the fight against the opioid crisis. According to Chapter 6 of *The Surgeon General’s Report on Alcohol, Drugs, and Health* (2016), substance abuse has been treated separately from general health care despite a direct correlation between the two: “... the presence of a substance use disorder often doubles the odds that a person will develop another chronic and costly medical illness, such as arthritis, chronic pain, heart disease, stroke,

hypertension, diabetes, or asthma” (6). The report points to this as a major contributing factor to the cost and fatality of drug abuse treatment, or lack thereof. The report also states that the fact that substance abuse is treated completely separately from general healthcare hindered greatly the ability of the healthcare systems to efficiently treat opioid overdose cases that were brought into places like emergency rooms (6). Streamlining healthcare and treating substance abuse together with standard healthcare would likely reduce the cost of our healthcare system, provide equity of access to overdosing patients, and create an environment where substance abuse can be treated much more efficiently and safely in hospitals.

Drug companies, doctors, and insurance companies, fueled by the private healthcare system, have also been feeding the growing opioid epidemic. According to an article by *The New York Times* by *ProPublica* journalist Charles Ornstein and *The New York Times* journalist Katie Thomson, drug companies sell less addictive pain killing medication at much higher prices than more addictive painkillers. Less addictive alternatives are hundreds of dollars a month, where morphine, a highly addictive drug, only costs 29 dollars a month. Insurance companies also make access to these more addictive drugs easier by removing barriers and requirements from obtaining them while often denying coverage of more expensive, less addictive non-opioid alternatives. In an article by Jamie Ducharme for *TIME*, it is shown that,

...members of the Sackler family and other Purdue executives purposefully downplayed the addictive properties of OxyContin, and promoted sales tactics meant to encourage doctors to prescribe as much OxyContin, in the highest doses and longest durations, as possible — despite the potential risks for abuse, and despite the terms of Purdue’s prior settlement with the federal government. The suit also details Purdue’s plans to sell addiction treatments, helping them dominate “the pain and addiction spectrum.”

The article also quotes Joseph Khan, a Philadelphia attorney who is bringing lawsuits against corporations involved in the opioid epidemic. Khan says, “One theme that clearly emerges from this deposition, brick by brick, is the foundation that is laid, that shows how even after this guilty plea there was a shocking lack of care for people that were at risk of abusing this drug and instead a singular focus on profit...” Purdue Pharma’s awareness of the dangers of their drug and the complete abuse of it for profit illustrates a dangerous precedent amongst large pharmaceutical companies. In a country with no drug price control and little accountability on the side of corporations, government regulation and oversight in the form of a publicly funded health care system is necessary to halt the abuses carried out by the manufacturers of our most addictive prescription drugs. According to Emily Miller, an editor for *DrugWatch*, the United States pays three times as much for prescription drugs compared to the rest of the world. In an article by PBS producer Jason Kane entitled “Health Costs: How the U.S. Compares with Other Countries,” he reports that the US pays two and a half times more for its healthcare than other countries such as the UK, France, and Germany while providing less quality. This exacerbates the opioid crisis because, according to the Surgeon General’s report, the majority of those suffering from substance abuse disorders are below 138 percent of the poverty line (7). Therefore, the Affordable Care Act is so important and a step in the right direction. In *The Opioid Epidemic and Medicaid’s Role in Facilitating Access to Treatment*, a report published by the Kaiser Family Foundation, adults who suffered from opioid abuse disorders and were covered under Medicaid were twice as likely to get treatment for their addiction as those with private or no insurance. Medicaid also disproportionately covered low-income individuals with substance abuse disorders compared to private insurance, while those without insurance would most likely be covered if Medicaid were to be expanded in their state.

Yet, the Affordable Care Act is not enough. The fact that the ACA is a state-by-state decision, that universal healthcare is not a constitutional right, and that drug prices are not regulated means that many Americans still go untreated and the possibility of ACA repeal looms. The United States must take power out of the hands of private companies who perpetuate the opioid crisis and revamp its healthcare infrastructure to provide accessible healthcare to the most vulnerable populations.

Increasing the availability of needle exchange sites as well as implementing a public healthcare system is necessary for preventative healthcare in stopping the spread of bloodborne illnesses like HIV/AIDS and Hepatitis C in relation to opioid usage and needle-sharing. In the report “The Role of Needle Exchange Programs in HIV Prevention” published in the public health journal *Public Health Reports*, a joint study done by the Center for Disease Control and the state of Connecticut after the state deregulated the possession of needles is referenced. In the study, the researchers discovered that when pharmacies were allowed to sell needles that the reported rate of needle sharing dropped from 52% before the law changed to 31% after the law changed (79). The report concluded that, “Access to sterile needles and syringes is an important, even vital, component of a comprehensive HIV prevention program for [injection drug users]. The data on needle exchange in the United States are consistent with the conclusion that these programs do not encourage drug use and that needle exchanges can be effective in reducing HIV incidence” (79). Another report done by the Panel on Needle Exchange and Bleach Distribution Programs concluded that in the absence of easily accessible treatment, needle exchange programs are effective in reducing the spread of HIV without increasing drug use, stating: “Reducing drug use would serve to reduce HIV transmission as well as to achieve other important social and public health goals... Based on a comprehensive review of the research literature, the panel concludes that

well-implemented needle exchange programs can be effective in preventing the spread of HIV and do not increase the use of illegal drugs” (253). The report also mentions that communities that especially suffer from issues related to drug abuse, such as AIDS and poverty, may view needle exchange programs as a lackluster and ineffective approach to the problems that ravage their communities (252). In response, the panel suggests that needle exchange programs should be capitalized on for public health promotion and disease prevention to assist with future efforts to combat these epidemics rather than the solution itself (252). Despite the data supporting the effectiveness of needle exchange programs, during Mike Pence’s governorship he refused to institute needle exchanges amidst the country’s worst HIV outbreak in his home state of Indiana. According to a *The New York Times* article written by Megan Twohey, officials and politicians struggled to change Pence’s mind for two months as the epidemic grew. Finally, Pence allowed clean needles to be distributed in a single county, which drastically reduced HIV rates there. As this demonstrates, a massive barrier towards effectively combating bloodborne illnesses amongst intravenous drug users are the morals and beliefs held by important politicians who have the power to implement these needle programs. In order to combat all facets of the opioid epidemic, the United States must engage in public outreach, education and prevention to curtail the spread of opioid-related bloodborne illnesses with needle exchange programs and the stigma that is attached to them.

It is evident that the costly war on drugs has failed to combat the opioid crisis in the United States. If anything, the war on drugs has served to exacerbate the current issues while making access to proper treatment more difficult. It is time for the United States to revolutionize its view on drugs and drug treatment, end the war on drugs, and begin providing universal access to health care in order to address this epidemic

and fight to save the lives of our most vulnerable citizens.

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