

ALLIANCE NEWS



Alliance for Better Communities

SPECIAL EDITION

CURRENT STATUS OF THE OPIOID CRISIS

JULY 2020

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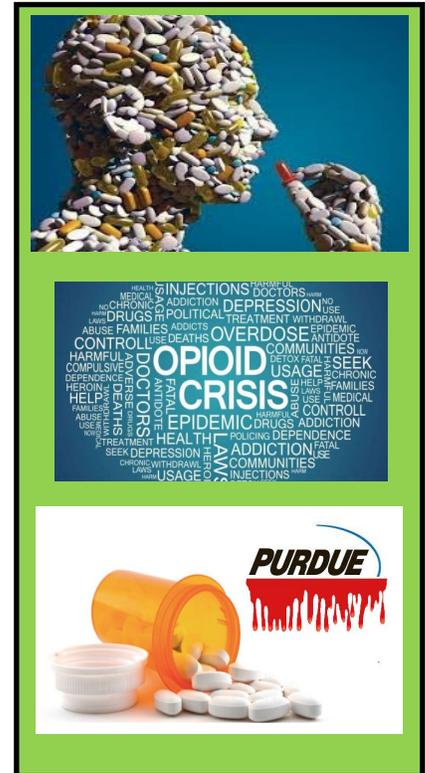
With the focus on the pandemic, systemic racism, and police reform, attention has been diverted from the opioid crisis. Social distancing due to Covid-19 is potentially concealing an increase in opioid abuse and related mortalities. The switch to telemedicine in many instances has eliminated urine testing and in-patient screening which compromises monitoring and risk assessment.

The New York Times has labeled the coronavirus epidemic **“a national relapse trigger.”** Addiction experts have expressed concern that the situation will lead to an increase in overdoses. Dr. David Fiellin, an addiction medicine expert at the Yale School of Medicine stated : **“The disruptions that the pandemic is causing can really risk devastating the gains we’ve made in addressing the opioid epidemic”.** New regulations have been promulgated by the federal Drug Enforcement Administration, the Department of Health and Human Services and the Substance Abuse and Mental Health Services Administration which allow clinics to dispense extended quantities of the addiction treatment medications methadone and buprenorphine to patients whom providers deem stable, so they will not have to visit clinics daily.¹

Even prior to the pandemic, the CDC reported that more than 750,000 people have died since 1999 from a drug overdose, and two out of three of those deaths in 2018 involved an opioid. Since 1999, the rate of overdose deaths involving opioids has increased almost six times. In 2018, overdoses with opioids killed nearly 47,000 people, and prescription opioids accounted for 32% of those deaths. The CDC has advocated for insurers to make changes to their health care policies to steer pain management away from opioids to reduce deaths and injuries related to their use.²

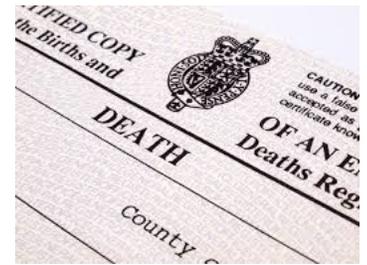


Scientific American has reported that opioid deaths may be significantly underreported and undercounted. Researchers analyzed data on 630,000 people who died from drug overdoses between 1999 and 2016. They calculated the probability that opioids were a factor in overdoses where the substance involved was not identified. They determined that the number of opioid deaths is likely 28 percent higher



than has previously been reported. It was found that counties with coroners are more likely to miss opioid involvement in deaths than counties with medical examiners, because not all coroners conduct autopsies. Robert Anderson, chief of mortality statistics at the National Center for Health Statistics, stated with respect to the identification of particular drugs involved in overdose deaths:

“there is substantial variability by state and by county in the level of specificity.”³



Unlike the ongoing tracking of Covid-19 related statistics, a real-time data system for tracking opioid overdose deaths is lacking. For instance, the 2019 data for these deaths will not be published until 2021, a lag time of 24 months. Researchers studying proposed treatments have to wait up to 2 years before they can determine the results of their work. The failure to have real-time data can have dire consequences. Furthermore, the belated findings are generally reported in academic journals, rather than being provided through a system making outcome data available to everyone in real time. Consequently, many preventable deaths occur.⁴

Physicians require a federal waiver in compliance with the Drug Addiction Treatment Act of 2000x to permit them to prescribe Food and Drug Administration-approved medications to treat addiction. Only 7 percent of doctors have obtained the waiver, and only about 10 percent of people in need of addiction medicine receive it. 42 percent of US counties have no buprenorphine prescribers, and many doctors are reluctant to treat substance abusers, because they fear that their practices will be overrun by those seeking help. Large numbers of physicians report depression, exhaustion, and a sense of failure in providing substance abuse treatment. Lack of insurance reimbursement and lack of profitability have made hospitals and health care systems reluctant to build increased treatment capabilities. Advocates emphasize that the large difference between payment for physical health care and addiction and mental health services will continue to cause a crisis in essential care unless reforms are initiated.⁵

It has recently been reported that drug overdoses, alcohol abuse, and suicide over the last 3 years have caused life expectancy in the United States to decline across all racial groups for the first time in 60 years. Children, adolescents, and young adults have increasingly been developing opioid use disorder primarily from ingesting unconsumed opioids that were appropriately prescribed for pain. The authors of a study published in *Current Opinions in Anesthesiology* maintain that the public health response to the opioid crisis needs to be broadened to include these vulnerable young people while continuing to safely meet the needs of patients experiencing pain. They conclude that it is essential to reduce the amount of opioids dis-

persed, improve environmentally safe methods of disposal, and make naloxone nasal spray readily available to patients receiving prescription opioids.⁶



Those who have suffered from opioid use disorder will now have the opportunity to seek a recovery from Purdue Pharma, manufacturer of oxycontin. June 30, 2020 has been set as the deadline for the filing of claims in the Purdue bankruptcy. Purdue reached an agreement with some states and local governments that could be worth more than \$10 billion. A large influx of claims is expected.⁷

SOCIAL DISTANCING CONTINUES INDEFINITELY: JULY MEETING ZOOMED AGAIN



Michael Carpenter, CEO of the Northeast Group, discusses the unique program he developed and implemented to provide employment opportunities and housing to people in recovery .



Transitional housing and life skills facility opened on the Clinton Community College campus.



John Wilson-Credo



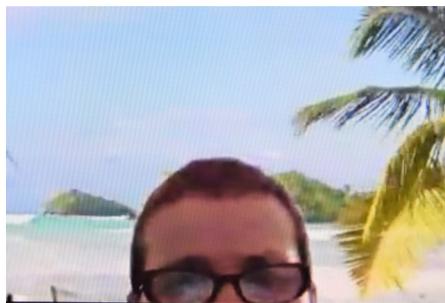
Tim Ruetten-Community Services



Bill Doyle-St Lawrence Co.



Chairman Jennings



Anita visits from the Tropics



Ann Marie Crescent



Jean Talbot- Pivot



John Roark -Anchor Recovery



Josh Sherman

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MARIJUANA REFORM BILLS INTRODUCED

<https://www.mpp.org/issues/legislation/key-marijuana-policy-reform/> (June 15, 2020)

The below lists states where bills have been introduced to adopt new laws to legalize marijuana for adults, to adopt effective medical marijuana laws, or to replace possible jail time with fines for marijuana possession. Of particular note:

Virginia's legislature passed — and on May 21, 2020 Gov. Ralph Northam signed — a bill to decriminalize up to an ounce of marijuana, imposing a \$25 fine instead of possible jail time.

In **Vermont**, the Senate and House approved different versions of S. 54, a bill to legalize and regulate marijuana sales (possession and cultivation is already legal). A conference committee was appointed to harmonize the bills. The House speaker said the legislature will continue its work on the issue in August.

In **New York**, for the second year in a row, Gov. Andrew Cuomo (D) proposed including legalization in the state's budget. However, the budget ultimately did not include it. It is unlikely — but possible — that legalization will be taken up this year.

Connecticut's governor sponsored a legalization bill for the first time in 2020. However, the legislative session was also disrupted by virus-related precautions and has adjourned.

Alabama's Senate and **Kentucky's** House of Representatives both approved medical cannabis bills, but both were derailed.

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GOVERNOR CUOMO ANNOUNCES FIRST INSURANCE FRAUD ACTION AGAINST MAJOR OPIOID MANUFACTURER IN NEW YORK MARKET

<https://www.governor.ny.gov/news/governor-cuomo-announces-first-insurance-fraud-action-against-major-opioid-manufacturer-new> (April 2020)

Governor Andrew M. Cuomo today announced the New York State Department of Financial Services has initiated administrative proceedings and filed charges against Mallinckrodt plc and its subsidiaries, Mallinckrodt LLC and SpecGX LLC. These charges are the first to be filed in DFS' ongoing investigation into the entities that created and perpetuated the opioid crisis.

"The worst frauds are those that go beyond individual harm to institutionalized systemic fraud - and the opioid scheme is no exception," **Governor Cuomo said.** "The opioid manufacturers knew how addictive and dangerous their products were and they used it as a business model for their own financial gain at the cost of thousands of human lives and billions of dollars. The damage they have caused by creating and perpetuating the opioid epidemic that is devastating our state and nation has been immeasurable.