

SOCIAL RESEARCH REPORTER

Commentary from our Social Research Analysts

ISSUE 3, 2017

Ravaging Communities: The Opioid Crisis

It's hard to watch the news these days without encountering a story about the surge of prescription painkillers and opioid abuse in the U.S. Some of us may have been prescribed a high-strength painkiller, such as OxyContin (made by Purdue Pharma), at one time or another. However, the increasing volume of prescriptions written for opioid pain medicines is coming under question more and more frequently. Communities across the U.S. are reporting increased rates of users, overdoses, and deaths caused by opioids, including through the use of heroin. Many—reportedly as many as 80%—of heroin users report first having taken prescription opioids. In addition to the heartbreak that families and communities experience because of opioid abuse, there are myriad other effects on our investments, public life, and economy.

A number of public healthcare companies produce and distribute opiate products, including Mallinckrodt PLC, McKesson Corp., Cardinal Health Inc., Rite Aid Corp, Wal-Mart Stores Inc, and AmerisourceBergen Corp. The attorneys general of multiple states—including Missouri, Ohio, and Mississippi—have filed suit against opioid manufacturing companies for their role in contributing to the opioid abuse crisis. In May 2017, Ohio Attorney General Mike DeWine announced a suit against Purdue Pharma, Endo Health Solutions, Teva Pharmaceutical Industries (and subsidiary Cephalon), Johnson & Johnson (and subsidiary Janssen Pharmaceuticals) and Allergan (also formerly known as Actavis). A number of these suits claim the companies inaccurately labeled their products and deceived physicians into prescribing the drugs by understating the risks of opioid use, instead focusing on the benefits of such pain-management products.¹ Arguably there is moral responsibility by these companies; many of them now also face new risks as they come under investor and governmental scrutiny.

In response to one suit, AmerisourceBergen stated:

We do not have access to patient information, have no capability or desire to encourage prescribing or dispensing of pain medicines and are not qualified to interfere with clinical decisions between patients and their physicians.

Cardinal Health provided a longer response:

We are industry leaders in implementing state-of-the-art controls to combat the diversion of pain medications from legitimate uses, and have funded community education and prevention programs for a decade...everyone including us, must do their part, which is ultimately why we believe these copycat lawsuits filed against us are misguided, and do nothing to stem the crisis.²

Signs & Symptoms of an Opioid Overdose

According to the World Health Organization, an opioid overdose can be identified by a combination of three signs or symptoms:

- Pinpoint pupils
- Unconsciousness
- Respiratory depression

For information on administering Narcan®, visit www.narcan.com. Note: Emergency medical help should still be sought, especially if the person does not appear responsive to the administration of Narcan®.



There are also companies whose products and services help combat the grip of opioid addiction. From drug disposal programs at Walgreens, to seemingly miracle drugs, many companies are stepping up to recognize the importance of safe and smart medicine practices.³ Perhaps the most well-known product in the fight against the opioid crisis is Narcan®, a so-called antidote to an overdose. Narcan® is manufactured by Adapt Pharma Ltd. in the form of a nasal spray delivering 4mg of naloxone HCl, and can easily be administered by anyone to revive someone who has overdosed on opioids. Naloxone HCl can also be administered via needle injection into a muscle, under the skin, or intravenously. SLA Pharma AG is one manufacturer of the generic naloxone or naloxone HCl medication. Opioids bind to receptors in the brain that regulate breathing; during an overdose, too many receptors are blocked, cutting off this critical life function, leaving a person at fatal risk. When naloxone HCl is administered, naloxone molecules will bind to the receptors, displacing the opioid molecules, helping to reverse respiratory depression, and hopefully revive a non-responsive person.⁴ Emergency personnel and police officers in many communities are training their departments and buying up as much Narcan® and naloxone HCl as they can get to continue saving the lives of those who overdose.

Using public officials' time and money to acquire and train with Narcan® has been criticized by some as it is an expense to the taxpayer. Affected city governments have turned to drawing on their emergency funds to pay for extra workers, vehicles, body storage, revival kits, etc., all related to keeping up with the opioid crisis. Hospital staff, too, are seeing more resources—staff, time, medications—being dedicated to treating people who are recovering from overdoses of heroin, or other opioids.

Further, hospitals report more cases of infections—often from shared needles or use of infected needles—and Hepatitis C, as a result of increased opioid use. The Michigan Department of Health and Human Services reports there were over 11,000 new cases of Hepatitis C in 2016, an increase of 473% among 18-29 year olds; the state also saw deaths caused by heroin overdose increase 624% from 2000 to 2015.⁵

Public health is a growing concern, but so is the strain on other social frameworks. For example, more children are being placed in foster care because of the death or inability of an addicted parent to care for their children. Death-by-opioids is now at a higher annual rate than both HIV and gun violence (for people under 50) in the U.S.⁶ There has been a drastic rise of babies born with NAS, neonatal abstinence syndrome; these children are born addicted to opioids and experience symptoms such as gastrointestinal tract problems and central nervous system irritation. The Centers for Disease Control and Prevention (CDC) reports that between 1999 and 2013, the number of babies with NAS grew 300% across 28 states.⁷

The list of distressing outcomes of the opioid crisis does not end at the heartbreak of communities. Numerous economic effects are being felt, too. Employers report higher numbers of job candidates who cannot pass a drug screen, because of prescription—or non-prescription—drugs they may be taking.⁸ A lack of available and suitable employees is pushing many manufacturing companies to convert to automated processes

sooner than they may have expected, further impacting the labor force and unemployment metrics.

The opioid crisis' reach extends far and wide, impacting economies around the world, not just in the U.S. Canada reports that one in seven people in Ontario filled an opioid prescription between 2015 and 2016, contributing to a 5% increase of opioid prescriptions throughout the province, compared to 2013.⁹ The global black market for drugs is expanding as well, helping users acquire drugs that are largely illegal yet still find their way into addicted hands. Among these illicit drugs are fentanyl and carfentanyl (both are also spelled –nil). Fentanyl is a controlled substance used to treat severe pain, as is the even stronger version called carfentanyl (used for other purposes such as to tranquilize large animals like elephants); both have been found in multiple overdose victims' bodies. Heroin on the streets is no longer 'pure'—any given user is at risk of their supply being laced with fentanyl or carfentanyl, an extremely fatal combination. Ontario medical personnel also suspect that illicit fentanyl smuggled in from China is contributing to the rise in opioid use.¹⁰

As coverage of the opioid crisis continues to gather speed, and amidst its declaration as a national emergency, it is important to keep in mind the various aspects of such an international challenge. The companies who create pain treatment as their business, the strain on government and public resources, but not least the growing number of families and communities that are torn apart by the increasing prevalence of heroin and other opioids.

¹ Borchardt, Jackie. "Ohio sues drug firms over opioids: Lawsuit blames manufacturers for statewide epidemic." *Cleveland Plain Dealer*. Thomson Reuters. Accessed 10 Aug. 2017.

² Wetterich, Chris. "Cincinnati sues prescription drug distributors." *Cincinnati Business Courier*, 15 Aug. 2017. Accessed 16 Aug. 2017.

³ Walgreens Medication Disposal Program Collects 72 Tons of Unused Medications in First Year." *Drug Law Weekly*, 8 May 2017. Thomson Reuters. Accessed 10 Aug. 2017.

⁴ *See How It Works.* , Narcan® www.Narcan.com. Accessed 15 Aug. 2017.

⁵ Bouffard, Karen. "Hep C rise tied to opioid crisis." *The Detroit News*, 3 Aug. 2017. Thomson Reuters. Accessed 10 Aug. 2017.

⁶ O'Neill, Maggie, and Mia De Graaf. "State of New Hampshire - 'ground zero' of opioid epidemic - sues OxyContin for continued deceptive marketing." *Daily Mail Online (UK)*, 10 Aug. 2017. Thomson Reuters. Accessed 10 Aug. 2017.

⁷ O'Neill and De Graaf. "State of New Hampshire." 10 Aug. 2017.

⁸ Cutter, Chip. "The opioid crisis is creating a fresh hell for America's employers." *LinkedIn*, Work in Progress, 26 July 2017. Accessed 2 Aug. 2017.

⁹ Grant, Kelly. "Opioid prescriptions increasing in Ontario, despite crisis." *globeandmail.com (Toronto)*, 17 May 2017. Thomson Reuters. Accessed 10 Aug. 2017.

¹⁰ Grant. "Opioid prescriptions increasing in Ontario." 17 May 2017.

Other

1. "Information sheet on opioid overdose." *World Health Organization*, World Health Organization, Nov. 2014. Accessed 22 Aug. 2017.

Imagery

1. Narcan® Nasal Spray, Narcan® www.Narcan.com. Accessed 15 Aug. 2017.