

The **Rx** opioid **Rx** Crisis

Tackling the Addiction Epidemic

By Lisa Donovan



Michigan ranks 10th nationally in per capita prescribing rates of opioid pain relievers.

Michigan ranks 18th in the nation for overdose deaths.

The blare of police sirens racing to the scene of an opioid overdose has become alarmingly common in the United States. The numbers clearly show that the opioid problem has reached epidemic proportions. In 2015, 33,091 people died from overdosing in the U.S. That same year, Michigan experienced its third straight year of record drug overdose deaths, many of which are attributed to opioids. Deaths from drug overdoses reached 1,981 people, a staggering increase from 455 in 1999.

Each of these statistics represents a person—a mother, father, sister or brother—whose life has been forever altered by opioids. The numbers also paint a picture of dire consequences for their families and the communities where they live.

“A huge, huge financial burden is being carried by cities, townships, and states,” said Christopher Dore, a partner with the Edelson law firm in Chicago.

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How Did We Get Here?

Opioid drugs have existed for a long time. But a decade ago, large pharmaceutical companies began an aggressive marketing push to doctors, promoting opioids as effective, non-addictive medications for a wide variety of pain situations. But in fact, they are very addictive.

“That led to people unknowingly becoming dependent on these medications,” said Marci Scalera, director of clinical and SUD services for the Community Mental Partnership of Southeast Michigan. “After about two weeks of continued use, your brain starts to have physiological changes. Then your brain starts looking for the drug, and experiences intense cravings and withdrawal.”

That dependence often leads to another dangerous situation. When people can no longer get opioid prescriptions refilled by their doctor, they turn to pill mills—unscrupulous doctors willing to write the prescriptions—or street drugs like heroin.

What Can We Do About It?

There is no easy answer, but Scalera champions a three-pronged approach to get the opioid crisis under control:

1. **Prevention**—change doctors’ prescribing practices and educate consumers about pain medications.
2. **Treatment**—assist people who are currently dependent, including overdose prevention and rescue.
3. **Drug trafficking**—deal with illegal trafficking of opioids.

The State of Michigan took another step toward reining in the opioid crisis when Lt. Gov. Brian Calley signed a new law into effect in Dec. 2017. The new law limits the amount of opioids that can be prescribed; requires a “bona-fide” physician-patient relationship to dispense drugs; and requires those being treated for an overdose to receive information on substance abuse services. Health providers will also be required to use the recently upgraded Michigan Automated Prescription System, effective in June.

“By requiring doctors to look at the MAPS when prescribing, they can see if the patient is doctor shopping or misusing prescriptions,” said Scalera. “Likewise, there are algorithms that can identify a doctor who is prescribing a lot of drugs—unusually large amounts—which may mean they are a ‘pill mill.’”

Legal Response

Many believe that the current opioid epidemic is similar to our country’s tobacco crisis in recent decades. “It all stems from pharmaceutical companies putting products on the market that they know are addictive,” said Dore. “And they’ve done nothing to stop the mass distribution of pills.”

This situation has created major financial burdens for local governments. The more obvious burdens are the costs associated with police and fire personnel responding to overdose calls, as well as the Narcan they use to temporarily reverse the effect of opioids. One dose of Narcan typically costs \$2,000. More indirectly, municipalities face challenges with increased crime, a market for illicit drugs like heroin, and hard costs paid by local governments for treatment, long-term disability, paid leave, and more.

In response, several Michigan communities have joined forces against large pharmaceutical companies. In December 2017, Detroit, Lansing and Escanaba, as well as the counties of Macomb, Genesee, Saginaw, Grand Traverse, Delta, and Chippewa filed a lawsuit in U.S. District Court. They accuse the pharmaceutical giants of predatory practices, downplaying the negative effects of opioids, and lobbying doctors to over-prescribe to patients. They also demand that these companies be held accountable for the resulting epidemic. Earlier in the year, Oakland and Wayne counties filed a similar lawsuit.

“The epidemic has placed a huge burden on municipalities, so it’s important that they have a seat at the litigation to get the best settlement,” said Dore, whose law firm is working with communities in Michigan and other states that are considering filing suit.

Local Programs

Michigan communities have developed a variety of approaches to deal with the opioid crisis and—most importantly—save the lives of their residents.

Washtenaw County

Washtenaw County employs a collaborative approach based on the Project Lazarus Model. Project Lazarus, started in North Carolina in 2007, is a public health model based on the twin premises that overdose deaths are preventable and that all communities are responsible for their own health.

Some of the programs that have been put into action in Washtenaw County include providing Narcan to police officers, and training staff in libraries and other public places to use it on overdose victims; providing Big Red Barrels for safe disposal of unused prescription medications at police and sheriff’s offices; and adoption of the same, safe policies for prescribing pain medications at local hospital emergency rooms.

“We’ve gained huge ground in that we’re working very collaboratively in our region, partnering with law enforcement, universities, and researchers; providing training on overdose prevention, and reaching out to addicts,” said Scalera. “It takes a community effort.”



Prescriptions for individual dosage units of Schedule II drugs increased from **180 million in 2007 to 745 million last year.**

City of Monroe

As the City of Monroe Police Department saw overdoses and deaths rise, so did their desire to do more for their community. Administrative Lieutenant John Wall began by borrowing a drug policy from Washtenaw County and modifying it to suit Monroe’s needs. Then he trained his officers in the use of Naloxone, a generic version of Narcan. Every officer now has their own Naloxone kit, and it gets replaced as soon as they use it. Monroe’s policy has a provision enabling officers to take an overdosing person into protective custody if they refuse to go to the hospital, but they have yet to exercise it.


Since August 2016 when Monroe’s drug policy went into effect, the police department has saved 40 lives with Naloxone.

“Any one of these could have been a potential death, but quick intervention saved a life,” said Wall. “We see it as a chance to get people the help and resources they need.”

Grand Rapids

The Grand Rapids Red Project takes a little different approach. The Red Project began as an HIV prevention organization in 1998, so they’ve long had an active relationship with local drug users. Since 2008, they have been giving Narcan to the people they consider the real “first responders”—family members, friends, or people using drugs with the overdosing person. Initially, the Red Project had to rely on local physicians to provide them with Naloxone to distribute. But legislation introduced in 2014 allowed Narcan to be prescribed to anyone.

“It’s great because we can get it into the hands of the people most likely to witness an overdose,” said Brandon Hool, overdose prevention program manager.

The Red Project has given Narcan to more than 4,000 people, resulting in 700 reversals. 

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