

Press Release

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CONTACT:

Dr. Sharon Harris

516- 676-2008

safeglencove@yahoo.com

SAFE Glen Cove Coalition: Policy's Role in the History of the Opioid Epidemic

According to the American Medical Association (AMA), the opioid epidemic arose over a series of interconnected situations that span two decades. Initially, drug companies, led by Purdue Pharma, maker of the OxyContin, promoted prescription of the opioid, maintaining its safety. This led to hundreds of thousands of new addictions in the 1990s and 2000s. Observational research suggested that opioid prescribing was linked with increased disability and decreased productivity and overdose deaths began to rise.

In 2011, when states via the Drug Enforcement Agency (DEA) cracked down on pain clinics whereby prescriptions became scarce, prices rose and people who were addicted began to turn to heroin, which was cheaper and had developed a large enough pool of customers to attract dealers to individuals and places that they'd never served before. In 2015, drug dealers seeing an opportunity to make even more money, began to cut heroin with illicitly manufactured fentanyl and various other synthetic opioids, which are both cheaper to make and more potent. Once again, addiction worsened and nearly 100,000 people are thought to have died from overdose in 2020, the deadliest toll from overdose in American history. This accounting is re-told via ongoing litigation against Purdue and other manufacturers and distributors of opioids.

But while the media has focused on the harm done by Big Pharma, some researchers believe they ignored the greater damage done by policies intended to solve the problem. Advocates led mainly by a group called Physicians for Responsible Opioid Prescribing made the case to policy makers and politicians that since overprescribing caused the epidemic, reducing medical use would solve the problem. And they did succeed in significantly reducing the medical supply: since 2011, opioid prescribing has been cut by more than 60 percent. Unfortunately, however, as medical use declined, the total number of overdose deaths more than doubled between 2011 and 2020. Even before the pandemic, more overdose deaths had occurred since prescribing began to fall than took place while medical opioid use was soaring. When individuals with addiction lost access to pharmaceuticals like oxycodone (the active drug in OxyContin), they created a massive demand for street opioids. Historically, the most common of these has been heroin, but aided by the internet, dealers soon found a

cheaper and more potent substitute: fentanyl and similar synthetics, which can be hundreds of times more potent.

The argument remains that hundreds of millions of dollars are being spent on policing and cutting the medical supply of opioids, while more than 80 percent of people with opioid use disorder still don't have access to effective treatment such as buprenorphine (brand name: Suboxone) and methadone— that are proven to cut the overdose death rate by 50 percent or more.

The AMA has been very focused on the outcomes of the opioid litigations and have proposed five recommendations to guide jurisdictions in the use of these funds through specific actions:

1. Spend money to save lives. Given the economic downturn, many states and localities will be tempted to use the dollars to fill holes in their budgets rather than expand needed programs. Jurisdictions should use the funds to supplement rather than replace existing spending.
2. Use evidence to guide spending. At this point in the overdose epidemic, researchers and clinicians have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.
3. Invest in youth prevention. States and localities should support children, youth, and families by making long-term investments in effective programs and strategies for community change.
4. Focus on racial equity. States and localities should direct significant funds to communities affected by years of discriminatory policies and now experiencing substantial increases in overdoses.
5. Develop a fair and transparent process for deciding where to spend the funding. This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.

The American Medical Association is the largest association of physicians—both MDs and DOs—and medical students in the United States. Its mission is "to promote the art and science of medicine and the betterment of public health." For more information please visit www.ama-assn.org.

The SAFE Glen Cove Coalition is conducting an opioid prevention awareness campaign entitled. "Keeping Glen Cove SAFE," in order to educate and update the community regarding opioid use and its consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about the Opioid Epidemic at www.safeglencove.org.