



Government won't solve opioid crisis

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Opioid addiction can be fatal, but government policies would probably make a bad situation worse, many experts say.

Rising rates of opioid abuse led President Trump recently to declare a national emergency. Critics of the current approach insist state and federal officials continually use misuse the word “epidemic.”

Even so, a serious problem exists, and it's not getting better.

Opioids have killed more than 12,000 North Carolinians since 1999. Thirteen hundred died in 2017 alone.

An average of three people die each day from an opioid overdose in North Carolina, reports the N.C. State Center for Health Statistics.

In 2015, 33,000 U.S. citizens died of opioid overdoses. Media reports and politicians blame doctors for prescribing the drugs too freely. But popular opinion is misguided, said Jeffrey Singer, an Arizona surgeon and senior fellow at the Cato Institute. He insists overprescribing is neither driving addiction rates nor adding to the death toll.

By cutting off access to doctor-supervised opioid pain treatment, the government has driven desperate patients to the black market, Singer said. Black tar heroin is cheaper than prescription opioids such as OxyContin, Percocet, and Vicodin. It's also easy to buy on the street. Opioids of all types are painkillers — unlike cocaine, methamphetamines, ecstasy, LSD, and other recreational “club drugs.”

Society has changed its view on opioids several times over the past three decades, Singer said.

In the 1980s, the heyday of the war on drugs, doctors had “opioid-phobia.” Government pressures prevented doctors from prescribing opioids to manage pain. That narrative shifted in the 1990s. Pain was labeled a vital sign along with pulse, body temperature, respiration, and blood pressure. Doctors were told opioids were a perfectly safe way to treat patients.

Prescriptions spiked. Naturally, recreational usage did, too, Singer said. In 2010, governments cracked down on prescription access. Doctors once again faced limits on the amount of opioids they could dole out to patients. Prescription abuse began to decline in 2012.

Yet opioid-related deaths are higher now than ever.

In 2015, more than half of the overdose deaths were caused by heroin, fentanyl, or a combination of the two, Singer said.

“There are people who are desperate. There are people who are turning to the illegal market. And in the illegal market, of course, you can’t be sure what’s in those drugs.”

Opioid abuse in North Carolina

North Carolina is home to four of the 25 worst cities for opioid abuse in the United States. Wilmington is first and followed by Hickory, fifth; Jacksonville, 12th; and Fayetteville, 18th.

For more than a decade, North Carolina’s drug policies have enticed people into a cycle of addiction, said a panel of medical, legal, and policy experts who gathered Oct. 2 at the Wake Forest University School of Medicine.

Doctors shouldn’t hand out opioids like water, experts agree, although some differ on how to control the problem. Tightening access to the drugs with one-size-fits-all legislation isn’t helping, said Dr. Joseph Pino, director of the UNC School of Medicine in Wilmington.

North Carolina’s “STOP” Act, passed earlier this year, limits first-time opioid prescriptions to five days. It also puts a seven day cap on post-surgery prescriptions. Follow-up prescriptions are allowed as needed.

That’s good in theory, but not in reality, said Pino, who agrees with Singer that government limits actually spike black market demands.

Criminal justice reforms are most effective in the fight against opioids, said Tarrah Callahan, executive director of Conservatives for Criminal Justice Reform.

We’re creating criminals then making it impossible for them to recover, she said. State and federal laws crack down on drug users, forcing them into prison, and leaving them — literally — destroyed.

Addicts need rehab, not jail time, said Judge Julius Corpening, chief judge for North Carolina’s 5th Judicial District, which includes Wilmington.

Corpening, a judge for 26 years, used to be “tough on crime,” especially when it came to drugs. Then, eight years ago, his daughter’s fiance died of an opioid overdose.

“He’d been clean for seven years, and it just ripped our family apart,” Corpening said. “That was a big turning point.”

Corpening has since learned a lot about drug abuse. There are many problems with how the judicial branch handles addicts, he said. Rehab requires structure, support, and accountability. In the court system, addicts are punished and sent home.

“We were saying, ‘Go home, get treatment, go to therapy.’ We were setting them up for a life where it is impossible for them to recover.”

In Wilmington, nearly 12 percent of all residents are addicted to opioids, data collected to monitor the Health Insurance Portability and Accountability Act shows.

Users are desperate. Some have even overdosed while in court, Corpening said. He recalled a young, estranged mother who took too much heroin in the bathroom just before a hearing.

She lost consciousness in court and was sent to the hospital.

“I just felt profoundly sad,” Corpening said. “Here’s a woman with no hope in her life, who just lost her baby, and has come into court to fight to get her baby back, and she is so hopeless that she uses right there.”

“I never would have believed that 10 years ago. That’s where we are today.”

Solutions remain elusive

As fatalities increase, lawmakers scramble for solutions.

Some, like Gov. Roy Cooper, would see the federal government expand people’s access to health care.

“We’re whistling past the graveyard if we don’t recognize that, in order to provide treatment, that we have to increase Medicaid funding to the states, and we have to make sure that every American has good, quality health insurance that covers substance abuse and addiction treatment,” Cooper said during a PBS interview.

Cooper served on Trump’s Commission on Combating Drug Addiction and the Opioid Crisis. The commission released a report Nov. 1 outlining recommendations for the administration.

The feds should streamline funding, open more drug courts, and provide training for doctors who prescribe opioids — among other things, commissioners said.

In late October, Trump declared the opioid epidemic a national emergency. The announcement directed federal agencies putting more money toward the fight against drugs.

Trump’s plan also riffs the “Just Say No” campaign so popular during the 1980s and 1990s. The best way to end addiction is encouraging people not to do drugs in the first place, he said.

His approach falls in line with “tough on crime” drug enforcement policies of the Nixon and Reagan administrations. U.S. Attorney General Jeff Sessions backs the use of mandatory minimums and civil asset forfeiture to battle drug supply.

That strategy treats the symptom but not the problem, Corpening said.

The opioid epidemic is a matter of health and safety — two factors that must be treated simultaneously, Pino said.

“It isn’t just going to be the doctors stopping prescriptions. It isn’t going to be just the police arresting our way out of this problem. It’s not going to be the judges and prosecutors putting people in jail. It’s gotta be better than that.”

Teamwork is the only solution, he said.

North Carolina is heading that way.

In 2015, the legislature established the Opioid and Prescription Drug Abuse Advisory Committee, a task force to combat opioids on the ground. The committee meets four times a year and involves more than 150 people from organizations around the state.

Unused opioids — such a Percocet or Vicodin — can poison a life easily if left lying around the house for anyone to find, Susan Kansagra, a senior staffer at the N.C. Department of Health and Human Services, told members of the Joint Legislative Emergency Management Oversight Committee on Oct. 12.

Nearly 20 percent of all North Carolina high-schoolers experiment with prescription drugs. Drug takeback programs are a good way to get excess medications out of homes — and off the streets, she said.

Community involvement is critical to combat the flow of opioids into neighborhoods, towns, and cities, Kansagra said. The PDAAC has formed a strategic plan to fight oversupply and trafficking, increase awareness, and expand public safety and access to treatment.

Naloxone, a drug that reverses opioid overdoses, is widely available at pharmacies across the state. Law enforcers from 170 local agencies carry the drug on patrol and have reported 266 uses so far this year. Access to Naloxone should be expanded, Kansagra said.

Courts in the 5th Judicial District now stock more Naloxone than portable defibrillators, Corpening said, noting that he has seen the drug administered to people “right there in the middle of court.”

Corpening is also working with N.C. Supreme Court’s Chief Justice Mark Martin to head participation in the Regional Judicial Opioid Initiative, which is fighting the epidemic in towns and counties along state borders.

Most judges aren’t trained to deal with opioid addiction in their courts, Corpening said. The purpose of the RJOI is to educate them.

North Carolina’s drug conviction laws are only making matters worse for addicts who want to get out of the system, Corpening said.

The state mandates minimum prison sentences and fines for drug trafficking. Laws are supposed to target big drug dealers, yet anyone caught with as little as six or seven heroin-laced pills would face six to eight years in prison.

Those laws could change — but it will take a lot of work.

A new study group, the Task Force for Sentencing Reforms for Opioid Drug Convictions, will investigate the best methods to fight addictions, Callahan said.

Twenty-two committee members will study case facts and records of those imprisoned for drugs. They’ll also consider sentencing options that allow judges to look at all pertinent facts — including a person’s criminal record.

It's a start, said Callahan, who is hopeful legislators will choose to reform drug convictions so that low-level users aren't locked-up with large scale traffickers.

Jails are overcrowded, and building more encourages incarceration, not rehabilitation, Corpening said.

Redefining the problem

Politicians and journalists should stop using the word "crisis" to describe America's addiction problem, Singer says.

When faced with a crisis, lawmakers tend to rush into solutions, many of which are unhelpful — or even harmful, he said. The sudden urge to restrict prescriptions is one example of how legislators are mistaken. Governments should worry less about supply and more about demand.

Addiction is statistically uncommon among patients who take prescriptions to manage pain. Between eight and 12 percent of patients develop opioid addictions, a study from the National Institutes of Health shows.

A majority of addicts are never prescribed medication. Oftentimes, addicts get pills from friends, family members, or dealers, according to the National Survey on Drug Use and Health.

Lawmakers would be wise to reconsider drug prohibition — but that's highly unlikely, Singer said. For now, criminal justice reforms and medication assisted treatment should be top priorities.

"Yes, there's a problem. There is a rise in overdoses from opioids, absolutely. Why are more and more people turning to mind altering drugs? There are probably multiple answers. But it's not just prescribing opioids to patients in pain. That's not what it is."