

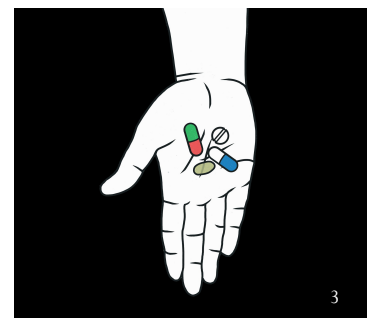


## SHOOTING DOWN THE OPIOID EPIDEMIC

This deliberation focuses on the opioid epidemic and proposes three approaches to help combat the crisis. Discussion will be tailored to rural areas like Centre County, and prospective solutions should be effective within the State College community. Approach one outlines steps that can be taken to monitor the supply of opioids, including the potential regulation of doctors and illegal drug dealers. Approach two analyzes treatment resources and preventive measures for addicts, focusing on the potential benefits of safe injection sites and expanded treatment centers. The third approach looks at how local governments can implement social media and poster campaigns within the community to help spread awareness about the crisis and the current resources already in place to help users and their families. We are hoping this deliberation sparks meaningful conversation about how both the community and the government can help shoot down the opioid epidemic.

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# OVERVIEW: THE OPIOID EPIDEMIC

*By Emily Newton and Piper Jones*

According to the National Institute on Drug Abuse, more than 115 Americans die everyday from overdosing on opioids (“Opioid Overdose Crisis”). Opioids, including prescription painkillers, heroin, and synthetic opioids, like fentanyl, present serious concerns for communities across the United States. A 2016 National Survey on Drug Use and Health found that 42,249 people died from opioid overdose — 17,087 of those deaths were related to prescription painkillers (“Opioids: The Prescription Drug”).

In Pennsylvania alone, an average of 13 people died from drug overdose each day in 2016 (Wood and Sapatkin). More than 95% of Pennsylvanian counties that reported deaths related to drug-overdoses indicated the presence of fentanyl in those cases (“Analysis”). In addition, prescription opioids were identified in 25% of all drug-related deaths in the state in 2016 (“Analysis”). The opioid epidemic continues to worsen in Pennsylvania, and on January 10th, 2018, Governor Tom Wolf declared the epidemic a statewide disaster emergency. This represented the first time that a public health crisis was declared a disaster emergency (“Governor Wolf Declares”). In an effort to combat the growing problem, Pennsylvania enacted new programs, including a statewide prescription drug monitoring system, an expansion of healthcare services, and increased funding for treatment facilities (“Governor Wolf Highlights Progress”).

Rural areas — with unique socioeconomic dynamics and sometimes-limited healthcare access — are particularly affected by the rising rates of opioid misuse and opioid-related overdoses. In Centre County, there were 34 deaths from heroin overdose and 30 non-fatal

overdoses from 2014 to 2015 (Ahmed). In addition, Centre County experienced a doubling in the “rate at which heroin overdoses lead to deaths” from 2002 to 2014 (McCarthy).

State College has seen its own drug-related calamities. In March 2016, a person was arrested in State College for possessing 577 bags of heroin (Ahmed). Multiple people, including one Penn State student, have been found dead from heroin overdose (McCarthy).

Clearly, the opioid epidemic is a major public concern and impacts many members of the community. We are hoping that with further public discussion, community members can agree on potential solutions to solve this seemingly ever-growing problem.



## MOST RESPONSIBLE FOR THE NATION’S OPIOID CRISIS



\* MIDDLEMEN BETWEEN DRUG COMPANIES AND PHARMACIES  
SOURCE: SURVEY MONKEY POLL OF 3,645 ADULTS, INTERVIEWED MAY 24-29, 2017

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# COMBATting SUPPLY: REGULATING DOCTORS AND DEALERS

*By Ben Palfey and Brenner Ferringer*

## *Supply of Medical Opioids*

One of the fueling factors behind the opioid epidemic in America is the misuse of prescribed drugs, such as vicodin and oxycodone. In fact, “sixty percent of the opioids that are abused are obtained directly or indirectly through a physician’s prescription” (Lembke). In Pennsylvania, out of every 100 individuals, about 85 have received an opioid prescription (“CDC Newsroom”). That is not to say that those 85 individuals misuse their painkillers, but another statistic claims that most illegal users get opioids from a friend or relative who has

been given a prescription (“CDC Newsroom”).

Physicians periodically knowingly prescribe these pain medications to protect their reputations — they do not want to become the doctor who refuses to treat pain. Another issue is that, presently, it is both quicker and pays more to treat pain than it does to treat an opioid addiction (Lembke). In some cases, doctors have few resources to which to refer addicted patients, it is simply easier to keep supplying them with pain medication. In the medical community, addiction is not universally viewed as a disease, per say, which in turn makes it difficult both to diagnose as well as to “cure.”

Physicians and medical professionals are required to take a course educating them on the techniques of treating pain. Similarly, there have been suggestions in the medical field that these professionals must complete a course dealing with the identification and treatment of addiction. This would allow doctors the ability to perform mini-interventions with their potentially addicted patients.

Another suggestion is that a quota be placed on the number of opioids and painkillers prescribed by physicians. This solution has the potential to limit the quantity of opioids being used recreationally and illegally. However, patients that require the medical benefits of opioids could suffer if a quota on painkillers was implemented.

### *Supply of Illegal Opioids*

For decades, heroin has been the most commonly used illegal opioid in the United States. In the past several years, the levels supplied within the U.S. has increased dramatically, slashing the cost for an individual to obtain this drug by a third of what it cost less than three decades ago (Felter). To further the problem, in recent years heroin’s synthetic counterpart, fentanyl, provides higher potency (by over fifty times that of its predecessor) for a significantly lower price.

Little of the illegal opioids in the United States have origins within the country’s borders. The majority of the supply of natural opioids, such as heroin, that ends up in the country is cultivated in Mexico, smuggled across the southwest border and Latin America (most significantly Columbia), and transported through major airlines and seafaring vessels (Felter). Additionally, most of U.S. fentanyl is produced in China where it is hard to regulate the chemicals necessary for the drug’s production.

The question that must be asked is how to prevent illegal opioids from getting into the hands of users. This can be done in a combination of three ways: preventing opioids from entering the country, seizing the opioids once they are dispersed, and through diplomatic efforts to minimize the production of opioids in the source countries. Each of these would essentially cut down the supply of opioids to limit individual accessibility; however, there are major trade-offs in terms of cost, increased violence, and political tension.



## LIMITING DEMAND: ADDICTION TREATMENT

*By Erik Thele and Cullen Abelson*

The opioid epidemic has the potential to be a crisis of existential magnitude for our country — one that necessitates a multifaceted approach. One of these facets must be to address and limit demand instead of solely focusing on the issue of supply. Our approach must be based on the fact that addiction is a disease and should be treated as such, instead of locking up small-time users en masse. This strategy involves the utilization of safe injection sites, which reduce overdose deaths, infectious disease rates, and public indecency related to drug use, as well as increasing addiction treatment.

### *Approaching Addiction as a Disease*

For decades, the U.S. government has, on all levels, operated on the assumption that the most effective way to reduce drug use is to treat it as a crime instead of as a disease. This is a flawed paradigm and does not line up with the fact that mass incarceration — that is, the extreme proportion of Americans in prison as compared to other nations — has failed to

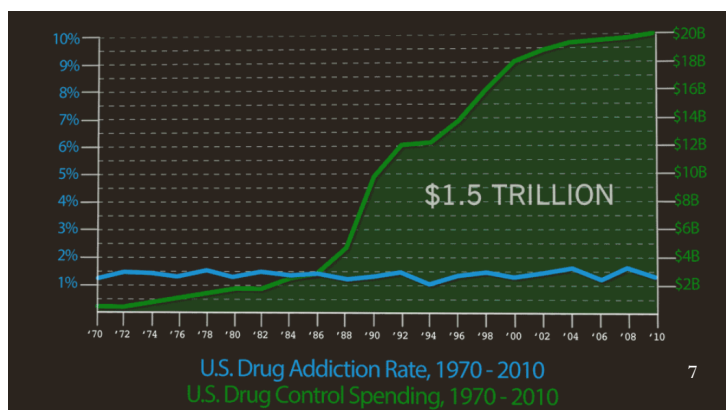
significantly decrease the amount of drug use over the decades (Dai). Additionally, equating drug users to serious felons is extremely counterproductive to aiding their recovery, given that jobs and, by extension, steady lifestyles, are much harder to come by for ex-convicts. There exists a massive gap between prisoners who could benefit from treatment and those who receive it, leading to high recidivism rates among drug users (Jozaghi et al). This focus on punishment over treatment is not effective for either the taxpayer funding the prison or the small-time drug offense inmate occupying it.

### *Benefits of Safe Injection Sites*

The data is in: after a decade or more of study in Europe, the effects of these facilities are purely positive for both the communities they occupy and the addicts that use them. The main concern is that the government, by creating safe areas to consume drugs, effectively condones and encourages citizens to do so. Research has found the opposite; the European Monitoring Centre for Drugs and Drug Addiction recently concluded that safe injection sites led to “wider health and public order benefits.” Specifically, such facilities precipitated a decrease in public injection and loose, littered syringes, as well as having the vital effect of a rise in drug addiction treatment (Lopez).

### *Economic Impact*

What costs a city less money: building safe injection sites with trained staff for the sole purpose of stopping overdoses and the spread of disease, or simply allowing current hospitals to shoulder the responsibility for the lives of addicts? As it turns out, safe injection sites may be the correct answer. Recent studies have found that an increase in supervised injections have prevented about 11 new HIV patients and 65 HCV patients in Montreal per year. This resulted in a decrease of net cost by CND\$686,000 for HIV and CND\$800,000 for HCV for every new safe injection site. The result is a benefit to cost ratio of 1.21:1 (Jozaghi, et al).



\*Current and past drug enforcement fails to make a meaningful dent in the addiction rate.



## COMMUNITY OUTREACH

*By Helen Budowsky, Meggie Roberts and Haylie Klausen*

### *Advertisements*

There are already existing, potentially life-saving resources available to people with opioid addictions. However, a lack of education and awareness of these resources hinders their effectiveness and can potentially threaten lives. Advertising existing programs utilizes things already in place and only requires funding for advertisement, which would be less than the cost of starting a brand-new program.

The drug *Naxolone* is given to patients who have overdosed on opioids, and advertising about its benefits through media campaigns could transmit the information to the people who it could affect the most, and potentially save lives.

The Good Samaritan law also has life-saving capabilities, in that it grants legal immunity to a person who has just overdosed and the person calling emergency services. Awareness of these laws could save lives by encouraging people to call for help if their lives or a life of a friend are in danger. Under these laws, people involved can act without worrying about legal repercussions.

The Rx Campaign used billboards and online videos to reach out to people ages 25-54. They targeted that age group because that is the demographic most affected by opioid addiction, and is not adequately reached by education programs. These billboards and videos depict individual stories of people who battled opioid addiction, or have lost a family member or child to an opioid overdose. A study found that many people saw the billboards, but the videos were found to be more effective at transmitting and conveying the intended message (“Addressing the Prescription Opioid Epidemic”).

A tobacco campaign called “Campaign for Tobacco Free Kids” is an anti-smoking campaign that caused over 100,000 smokers to quit. Within this campaign, they have video messages from former smokers targeting teens to tell them to stop while they can. Researchers in this campaign estimated that, by quitting, former smokers add about 1/3 of a million years of life onto the U.S. population (“CDC’s Anti-Smoking”). Studies found that this kind of campaign was highly successful in targeting kids to prevent smoking and also causing other to quit because of its outreach in videos and also the media. Similar methods can be used to combat the opioid crisis.

### *Public Campaigns*

Scarborough, Maine launched Operation HOPE to help combat the opioid problem. Operation HOPE allows addicts to seek treatment instead of facing criminal charges, following a similar principle to the Good Samaritan Law (O’Brien). It also allows people to bring drugs to the police station for them to be destroyed and effectively disposed of.

The Massachusetts Department of Health initiated the campaign Stop Addiction in its Tracks as a way to spread awareness through digital media. Stop Addiction in its Tracks used TV advertisements, online advertisements, and a website to provide information about opioid addiction, and to spread awareness about the issue. The website featured stories of young addicts, as well as different treatment methods and resources for people struggling with opioid addiction (“Opioid Addiction Awareness Spreads”).

### *Events*

Andover, Massachusetts established October as Opioid Addiction Awareness Month in order to educate people about opioid addiction. It consists of events featuring speakers who talk to parents on how to deal with their child’s addiction and resources available to them. It also includes showings of documentaries about teenage opioid addiction and where it comes from.

Andover also established Drug Take Back Day, which featured a secure drop-off for unused prescription drugs, giving people a way for them to safely, securely, and definitively dispose of their unused prescription drugs.

Overall, these events, campaigns and advertisements are possible solutions to be implemented within the Centre County community.





# SUMMARY OF APPROACHES

Approach	Values	Advantages	Disadvantages
<b>Combatting Supply: Regulating Doctors and Dealers</b>	-Directness -Legal Consistency	-Prevents users from obtaining drugs -Decreases drug-related violence -Lowers likelihood of first time drug use	-Potential high costs -Racial/diplomatic tensions -Corporate backlash/Less motivation for pharma companies to innovate -Patients may be unable to get medication they need
<b>Limiting Demand: Addiction Treatment</b>	-Pragmatism -Safety of Individual	-Arguably less Public Disorder -Fewer Deaths by Overdose -More Treatment for Addicts	-Financial Burden -Condoning Morally Ambiguous Activity
<b>Increasing Public Awareness: Community Outreach</b>	-Education -Personal Responsibility	-Devotion to already existing policy and resources may limit costs for local communities	-Effectiveness depends on community engagement -Debatable efficiency of marketing campaigns



## Photo Citations

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