



Opioids, Two Years Later: An Ever-Evolving Health Crisis

In 2016, the Richard M. Fairbanks Foundation released a report showing that Indiana was among the states hit hardest by the opioid crisis. In 2014, more than 1,100 Hoosiers died from drug poisoning—more than the number of fatalities from car accidents. Two years later, Indiana has taken important steps to address the epidemic, but our state has not yet turned the corner. In 2017, preliminary data show that more than 1,700 Hoosiers died from a drug overdose, an all-time high and a 75 percent increase since 2011. And in Marion County, 355 people died from a drug overdose last year, according to preliminary data. The vast majority of these fatalities can be attributed to opioids. In fact, in Marion County, detailed toxicology data indicate that opioids were responsible for 81 percent of overdose deaths. The rising number of drug-related fatalities in Indiana is driven by an evolution in the opioid crisis that has been observed

in states across the country. While there has been a steep decline since 2011 in the number of fatal overdoses that involve prescription opioids—thanks to strong actions from stakeholders across the state—Indiana has seen a rapid rise in the synthetic narcotic

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fentanyl. The presence of fentanyl in Marion County overdoses increased from six percent in 2013 to 46 percent in 2017. In order to address the opioid crisis, Indiana will need to double down on efforts that are having a positive impact and allocate additional resources to address gaps in prevention, treatment and harm reduction efforts.

The Human Cost: Thousands of Lives Devastated Annually

According to 2016 data, 275,000 Hoosiers—nearly 5 percent of the state's population over age 12—misused prescription pain relievers. More than 22,000 used heroin. While opioid misuse can affect anyone, it is particularly high among 18- to 25-year-olds. Nearly one in 10 people in this age group misused prescription opioids, and nearly 1 percent used heroin in 2016. Whites and males are also disproportionately affected by the opioid crisis. There has been a marked increase in fatal overdoses among black Indiana residents: the statewide drug overdose death rate for black Hoosiers has increased from 9.7 deaths per 100,000 people in 2012 to 20.3 deaths per 100,000 people in 2017.

Deaths from overdoses are the most severe consequence of Indiana's opioid epidemic. In 2017, Indiana's rate of fatal overdoses was 25.7 per 100,000—significantly above the national average of 22.4. In Marion County, the rate is even higher, reaching 37.4 deaths per 100,000 residents in 2017. While some states reported a drop in the

number of overdose deaths from 2016 to 2017, Indiana continued its upward trajectory. In that period, the number of Hoosiers who died from drug overdoses increased by more than 15 percent—more than twice as much as the national average increase of 6.6 percent.

The health impact of the opioid crisis goes well beyond the number of fatalities. In Marion County, for example, acute hepatitis C infections have risen more than 12-fold from 2013 to 2017. Especially concerning is the impact of drug misuse on Hoosier children. Neonatal Abstinence Syndrome (NAS) is a constellation of withdrawal-like symptoms in infants exposed to certain drugs, including opioids, during pregnancy. Symptoms of opioid withdrawal in full-term infants include tremors, irritability, sleep problems, high-pitched crying, hyperactive reflexes, poor feeding, vomiting, diarrhea and sometimes seizures. More than 3,000 infants statewide suffered from NAS in 2015–2016, an increase of 86 percent since 2013–2014.

The Economic Cost: Billions of Dollars Drained

Indiana's opioid crisis takes a heavy financial toll on the state each year. In 2017, the economic damages from opioid misuse by Hoosiers amounted to \$4.3 billion. This includes nearly \$1 billion for a wide range of medical, social and criminal justice services to address the opioid crisis. This cost is driven in part

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by the increased need for foster care for children placed in the system due to drug misuse by parents, a number that has more than tripled from 2,837 in 2003 to almost 9,000 in 2016. The loss of economic contributions from Hoosiers who fatally overdose makes up another \$1.2 billion of the opioid crisis' economic impact. The remaining \$2.1 billion of damages result from the opioid epidemic's impact on the labor market, which includes Hoosiers

experiencing unemployment as a result of substance misuse and employers struggling to fill open positions due to labor shortages. Over the past 15 years, Indiana's opioid crisis has led to an estimated \$43 billion in economic damages statewide. The largest share was incurred in Marion County, with total damages of close to \$7.4 billion, or \$7,759 per Marion County resident.

Recommendations for Action

Addressing opioid misuse among Hoosiers requires a three-pronged approach of substance use prevention, treatment and harm reduction. To implement evidence-based approaches in each of these areas, input and action is needed from stakeholders across the public, private and non-profit sectors.

Evidence-based prevention programs need to be implemented in Indiana's K-12 schools to curb opioid misuse among youth. Schools should select and implement proven programs that have strong evidence of success in preventing substance misuse. Such evidence-based prevention programs generally focus on teaching students personal and social skills, including problem-solving, decision-making and coping methods for stress. These programs may also teach techniques to improve self-esteem, self-control and assertiveness, and discuss methods to resist peer pressure or negative media influences. (A list of evidence-based programs for K-12 schools, developed by the Indiana Prevention Resource Center and aligned with Indiana's academic standards, can be found at www.rmff.org/preventionmatters.) Prevention efforts in schools should be supplemented with initiatives by healthcare providers, including improved training on appropriate opioid prescribing and different types of pain management strategies. Colleges and universities should also raise awareness about opioid misuse along with the misuse of alcohol and other drugs.

When it comes to treatment, it is critical that individuals have access to a coordinated and comprehensive treatment system that meets their needs. The most effective method for treating opioid use disorder (OUD) is medication-assisted treatment (MAT). People who receive MAT have longer periods of abstinence, reduced risk of overdose and death, and are less likely to become infected with HIV and hepatitis C. There is a need in Indiana to expand access to MAT to effectively reach people with OUD and

support their recovery without interruption in treatment. Key groups, including incarcerated Hoosiers, low-income individuals (including Medicaid recipients) and Hoosiers staying in recovery housing, lack sufficient access to MAT. To expand critical access to treatment, Indiana policymakers, health systems and providers, the criminal justice system, employers, non-profit organizations, colleges and universities can all play a role. Key steps include increasing access to MAT by expanding the number of providers offering MAT; reducing administrative hurdles to Medicaid enrollment; offering MAT in recovery housing facilities; ensuring access to all forms of MAT among incarcerated individuals and upon re-entry into society; training more medical and behavioral specialists focused on substance use disorder (SUD); offering continuing medical education about SUD to primary care providers; and implementing robust employee assistance programs and health benefit plans that provide comprehensive coverage for treatment. And to enhance the impact of MAT, it is crucial to offer Hoosiers being treated for SUD access to wrap-around services, including housing, transportation, peer-recovery coaching and opportunities for stable, meaningful employment.

Finally, expanding harm reduction efforts will reduce the number of drug overdose fatalities and other negative health impacts from SUD. The life-saving drug naloxone can reverse the effects of an overdose. The drug—and training on how to administer it—should be made more widely available, including to emergency personnel, in schools, on college campuses and for those recently released from prison. There is also a need for increased funding for other evidence-based harm reduction services, such as syringe exchange programs and safe disposal sites for opioids, and for changes to laws and policies that may prevent lay responders from calling 911 at the scene of an overdose.

Sources

Indiana University Richard M. Fairbanks School of Public Health. The Changing Landscape of the Opioid Epidemic in Marion County and Evidence for Action. October 2018.