



Opioids Rising: the Wide and Tragic Reach of Indiana's Growing Addiction Epidemic

Richard M. Fairbanks Foundation

Introduction

In recent years, opioid abuse has been recognized as a national crisis, frequently making headlines and spurring legislative action at the state and federal level. According to the Centers for Disease Control and Prevention, nearly two million Americans abused or were dependent on opioids in 2014, and more people died from overdoses that year than in any year on record. Indiana has also been hit hard by this epidemic. To address this challenge, the Richard M. Fairbanks Foundation recently introduced opioid addiction, along with tobacco use, as a new focus area for its grantmaking. Emphasizing this issue, we believe, helps advance our commitment to improving the health of Hoosiers and carry out our conviction that good health is foundational to strong families and communities.

Human Cost

Drug addiction is taking an increasingly severe toll on the health of far too many Hoosiers. Poisoning is now the leading cause of injury death in Indiana, and drug overdoses cause more than nine out of ten poisoning deaths. In 2014, more than 1,100 Hoosiers died from drug poisoning, marking a 500-percent increase since 1999 and placing Indiana 15th nationwide for drug overdose fatalities. In fact, drug overdoses have risen so sharply in Indiana that they overtook the number of motor vehicle deaths in 2008.

As in other states around the country, the opioid epidemic in Indiana manifests itself as two interrelated crises: (1) abuse of prescription pain relievers and (2) abuse of heroin. These two substances are responsible for the second- and third-most drug overdose deaths, respectively, in our state. In addition, the primary cause of overdose fatalities, "Other & Unspecified Drugs," likely includes a considerable number of heroin and pain reliever overdoses that are misclassified.

Some 5.3 percent of Indiana's residents—or 286,000 Hoosiers—report having engaged in non-medical use of opioid pain relievers. This is a troubling statistic because prescription drug use or abuse can easily lead to drug dependence. Because of the power of these substances to re-wire the brain, individuals can develop a dependence on prescription opioids, even when they take them as directed by their health provider. The prevalence of prescription drug use among some of the youngest Hoosiers is especially concerning. At 12.2 percent, the statewide prescription drug usage rate is highest for those aged 18 to 25—a figure that outpaces the national rate of 9.5 percent. More than 21 percent of Indiana's high school students report that they have taken prescription drugs (e.g., OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin or Xanax) without

a doctor's prescription one or more times during their life. These figures are unsettling, in part, because individuals who are addicted to opioid pain relievers are 40 times more likely to become addicted to heroin, as well. In 2013, approximately 1,000 Hoosiers reported using heroin within the past month, and an additional 9,000 had used the drug in the past year. In addition to the serious health risks associated with using heroin, such as drug dependence, spontaneous abortions and chronic infection, addicts also risk contracting HIV, hepatitis C, infections in the heart lining and valves, abscesses, liver disease and pulmonary system problems if they inject the drug. It is estimated that 50 to 80 percent of those who inject drugs will contract HIV or hepatitis C within five years of beginning to use. Overall, both heroin and prescription drug abuse have a substantial negative impact on the quality of life of those struggling with drug dependence. These substances affect the ability of individuals to be productive employees, care for their families, and lead healthy lives.

Substance abuse by pregnant women has particularly severe consequences. Newborns that are exposed to opioids in utero have a 60 to 80 percent likelihood of suffering from Neonatal Abstinence Syndrome (NAS). Symptoms associated with NAS after birth include increased irritability, hypertonia, tremors, difficulty eating, vomiting, watery stools, seizures and respiratory distress. The long-term effects of NAS have yet to be fully investigated, but they could be even more harmful than the short-term symptoms, negatively impacting the growth, behavior, cognitive development, language abilities and/or academic achievement of children. In Indiana, 657 infants were born with NAS in 2014. However, a lack of data and our limited understanding of the effects of NAS make it likely that the true number of cases was higher.

Community Cost

While pain relievers and heroin have a tragic impact on the health and overall quality of life of addicts and their children, opioid abuse also has a substantial negative impact on Indiana communities. Nationally, it has been estimated that prescription opioid abuse alone costs \$55.7 billion, including \$25 billion in health care costs, \$25.6 billion in lost workplace productivity and \$5.1 billion in criminal justice costs.

Indiana's total health care cost for prescription opioid abuse alone was the 12th highest in the U.S. in 2007, totaling more than \$650 million, and its per-person cost was the 8th highest at \$99. Given the large increases in opioid use since then, these costs are likely much higher today. In 2014, drug overdose deaths in Indiana cost more than \$1.4 billion in medical costs and lost lifetime earnings for victims. This does not include the cost of treating Neonatal Abstinence Syndrome, which is \$97,555 per newborn. In 2014, hospitalization of Indiana babies with NAS cost more than \$64 million. Opioid addiction also places considerable strain on Indiana's criminal justice system. Fifty-three percent of incarcerated persons in Indiana are diagnosed with substance use disorder, and among those who return to prison, the rate climbs to 75 percent. Addicts may turn to criminal behavior to acquire

drugs. Between January 2013 and May 2016, Indiana led the nation with 367 pharmacy robberies. By comparison, the much larger state of California registered only 310 such incidents over the same time period. In 2015 alone, there were 175 pharmacy robberies in Indiana, resulting in the theft of more than 219,000 doses of controlled substances. Opioid addiction tests Indiana's social services, too. In fiscal year 2016, the number of Indiana children who were removed from their home because of parental substance abuse grew by almost 22 percent compared to the previous year. These types of cases also accounted for a larger portion of all removals in 2016—at 52 percent vs. 48 percent in 2015. Last year, a record 3,776 children were placed in protective custody in Marion County.

Because of these impact factors, the Indiana business community has begun sounding the alarm about the negative effects of opioid addiction. Premature death, medical absenteeism, incarceration and disability costs are all factors that are influenced by drug abuse and result in decreased productivity and increased costs for Hoosier companies. Eighty percent of employers in our state have observed prescription drug misuse by their employees, and 64 percent state that prescription drugs present a greater issue in the workplace than illegal substances.

Recommendations for Action

Effectively addressing opioid abuse in the state of Indiana is going to require a three-part strategy: (1) preventing high-risk exposures to opioids that could lead to addiction; (2) minimizing the negative health outcomes of opioid misuse; and (3) expanding access to treatment options for those struggling with substance abuse and related illnesses.

Indiana currently lacks a strong infrastructure to support teaching substance-abuse prevention in schools. Building such an infrastructure beginning in elementary school, combined with mass-media campaigns to inform and educate target audiences about opioid misuse, would go a long way in preventing Hoosiers, especially our youngest and most vulnerable citizens, from becoming victims of addiction. In addition, further steps must be taken to educate pharmacies and health providers about appropriate pain assessment and management, including the proper prescription of opioid pain relievers.

To reduce the annual number of drug overdose deaths in Indiana, it

will be necessary to increase access to the life-saving drug naloxone for emergency personnel and others who may be in a position to respond to a drug overdose. Expanded access to harm reduction services (including syringe exchanges, HIV testing and vaccination against hepatitis A and hepatitis B), as well as assistance with community services (e.g., food and shelter), can also help decrease the risk of severe injury or death resulting from opioid addiction.

Finally, to overcome an addiction to prescription pain relievers or heroin, individuals need high-quality treatment. Indiana has a significant shortage of professionals who can provide treatment for substance use disorder (SUD). There is a need to improve the availability of comprehensive treatment for SUD, including Medication Assisted Treatment (MAT), by increasing the number of treatment providers, including primary care and mental health specialists; developing technology to improve access to treatment; and expanding supportive environments for people in recovery who are transitioning back into our communities.

Source

Indiana University Richard M. Fairbanks School of Public Health at IUPUI in Indianapolis .
Report on the Toll of Opioid Use in Indiana and Marion County. September 2016.
Governor's Task Force on Drug Enforcement, Treatment & Prevention. *Update Meeting.*
July 2016.