

POLICY NOTE

Key Findings

1. The opioid crisis is a complex problem that requires a multi-faceted solution.
2. The federal government has designed a Crisis Strategy to prevent and treat substance addiction.
3. Washington state is suffering from a lack of resources designated to fight the drug-abuse epidemic.
4. The city of Seattle likewise does not have enough resources to effectively affect the overdose crisis.
5. Treatment is a necessary part of the solution, but it is not the only solution. Safe injection sites are not reducing the opioid epidemic.
6. Students need to be educated about substance abuse at an earlier age to prevent future abuse.

Summary of panel discussion on the opioid overdose crisis

By Roger Stark, MD, FACS, Director of WPC's Center for Health Care Reform, and Patrick McGarry, Jr., Research Assistant
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Introduction

On October 18th, Washington Policy Center held the October edition of its monthly Eastside Breakfast Series. This forum featured a panel discussion on several aspects of the opioid crisis, a drug-abuse epidemic that is a rapidly-increasing problem in Seattle, King County, and across the nation.

According to Dr. Roger Stark, Health Care Policy Analyst at Washington Policy Center, it has been over a century since the United States first declared what drugs and medications legal and illegal under federal law.

After this declaration, the nation began to see treatment programs and institutions play an integral role in the recovery process for those struggling with addiction to illegal substances. In 1971, President Richard Nixon began the War on Drugs, a movement caused mostly by widespread use of recreational marijuana, heroin and other drugs in society. Since then, the War on Drugs has cost the American taxpayers over \$1 trillion.

Twenty years ago, 17,000 people died of opioid-related overdoses nationwide. Six years ago, the United States began to see a dramatic increase in that number. In 2016, 64,000 Americans died from opioid overdoses. The number of deaths grew to 72,000 in 2017. As discussed by the panel, the opioid epidemic is a complex problem that requires a multi-faceted solution, but regulatory barriers are preventing a comprehensive solution from being developed.

Panel discussion on the opioid crisis and different ways to combat the epidemic

Moderator: Dr. Roger Stark – Health Care Policy Analyst at Washington Policy Center

Speaker: John Graham – Regional 10 Director, U.S. Department of Health and Human Services

Speaker: State Senator Steve O'Ban – (R - Pierce County)

Speaker: Officer Marc Garth Green – Deputy Chief, Seattle Police Department

All three speakers had a similar message: the opioid crisis is a multi-faceted problem that requires a multi-faceted solution. They all asserted that this epidemic cannot be solved with one simple answer, and each panelist provided his own suggestions.

The federal approach

Region 10 Director John Graham laid out the federal approach to the opioid epidemic. Just over a year ago, the Trump Administration declared a public health emergency to deal with the opioid crisis. Since then the Department of Health and Human Services has focused its efforts on a five-point Crisis Strategy designed to target access, data, pain, overdoses, and research.

Access. The first point in the Crisis Strategy focuses on better prevention, treatment, and recovery services for opioid addiction. In 2017, HHS provided more than \$800 million in grants to support this effort. The second is to provide timely public health information by way of accelerating the Center for Disease Control and Prevention's reporting process. The third is to focus on promoting healthy, evidence-based ways to manage pain.

Overdoses. The Crisis Strategy's fourth point seeks to increase access to overdose-reversing drugs such as naloxone. Finally, the Strategy supports an increase in spending on research to promote pain relief and reduce addiction.

Additionally, Graham noted the need for telemedicine in rural areas in order to provide specialized care in a direct, efficient manner that can help prevent misdiagnosis and incorrect prescriptions. Graham also called on Congress to develop legislation that limits the size of prescriptions that doctors can give to patients and prevent further abuse.

The state approach

State Senator Steve O'Ban provided insight into how the opioid crisis has affected Washington state. Last year, Washington saw 737 fentanyl-related deaths, 1,615 overdose hospitalizations, and 14,000 treatment facility admissions. These large numbers have put a massive strain on the state's mental health system. According to the Washington State Attorney General, 50 percent of dependencies are opioid-related and 40 percent of chronic homelessness is opioid-related.

In response to this crisis, Washington state has allocated \$23 million to focus on abuse prevention, addiction treatment, and reducing mortality rates. Similar to the federal approach, Washington state has set goals to reduce the number of opioid prescriptions given to patients while simultaneously transferring urban treatment resources to rural areas.

The state has also prioritized criminal justice reform. Those suffering from addiction go through detoxification and withdrawal in jail and have a 40 times higher risk of overdosing in the first two weeks of release. Consequently, the state has encouraged new aversion strategies as well as additional access to community treatment services upon release in the hope of preventing relapse.

Senator O’Ban also mentioned his support for faith-based approaches to expand the treatment workforce and called for more crisis services, including opening a second crisis facility located in Pierce County.

The local approach

Deputy Chief Marc Garth Green discussed the response to the opioid crisis in King County and Seattle, two places in the state that have been hardest hit. Before going into his proposed solutions, Officer Green provided statistics about the crisis in Seattle and the surrounding area.

He said there are over 300 opioid deaths in King County every year. Contrary to popular belief, 80 percent of overdoses happen in private homes and not on the public streets. When an overdose occurs in the home, there is usually no one nearby to call 911, officers and paramedics are unable to intervene, and the individual does not receive life-saving treatment in time.

According to Officer Green, the Seattle Police Department is suffering from a lack of resources to respond to these incidents. The first solution he mentioned was Ricky’s Law. Passed last year by the state legislature, it allows officers to involuntarily admit substance abusers to a treatment facility if they represent a danger to themselves or others.

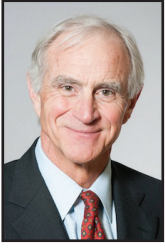
He noted the facilities in the area are not large enough to meet the demands of the county. For example, a new facility that opened in King County recently has a maximum of 25 beds, so even if an officer uses Ricky’s Law, in most cases there is nowhere to admit the individual due to treatment facilities being at maximum capacity.

Officer Green also toured the safe injection site, named InSite, in Vancouver, B.C. to determine whether such sites are effective in solving the opioid crisis in Seattle and King County. His conclusion was that safe injection sites do provide emergency medical treatment, but are not a solution to the problem.

He asserted that “it makes sense to save people from dying,” but InSite, despite minimal requirements for substance abusers to be able to use the facility, has been countered by informal sites where medical professionals are not present and users are once again in a high-risk environment. Officer Green said treatment is a necessary part of the solution, but it is not the only solution. Safe injection sites are not reducing the opioid epidemic.

He felt that education was the key to reversing the opioid abuse trend. He noted a change in culture regarding drug use in the United States and how tolerance for substance abuse has increased dramatically in recent years.

He called for a reversal in this change and encouraged drug education to begin when students are ten and eleven years old, not fifteen or sixteen. Green asserted that increasing education about the dangers of substance abuse would decrease the chance of individuals becoming abusers themselves, and it would be more cost effective in stopping the problem before it becomes worse.



Dr. Roger Stark is the health care policy analyst at WPC and a retired physician. He is the author of two books including *The Patient-Centered Solution: Our Health Care Crisis, How It Happened, and How We Can Fix It*. He has also authored numerous in-depth studies on health care policy for WPC, including *Health care reform: lowering costs by putting patients in charge*. Over a 12-month period in 2013 and 2014, Dr. Stark testified before three different Congressional committees in Washington DC regarding the Affordable Care Act. He completed his general surgery residency in Seattle and his cardiothoracic residency at the University of Utah. After practicing in Tacoma he moved to Bellevue and was one of the co-founders of the open heart surgery program at Overlake Hospital. He has served on the hospital's governing board.

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Conclusion

All three panelists concluded their remarks by again noting that it is going to take a complex solution to solve this harmful social problem. Since the October Eastside Breakfast took place, President Trump signed the SUPPORT for Patients and Communities Act (SUPPORT Act). The legislation includes language to reduce the use and supply of illegal substances, encourage recovery for those suffering from addiction, provide support for caregivers and families, and promote innovation and research for long-term solutions.

Patrick McGarry, Jr. is a Research Assistant as part of Washington Policy Center's Doug and Janet True Internship Program.

For more information on opioid abuse and prevention see, "A new approach is needed to the opioid crisis," by Dr. Roger Stark, MD, FACS, Policy Brief, Washington Policy Center Policy, July 2018.