

To: Governor Brian Kemp

From: Bonnie O'Connor

Re: Addressing the Opioid Epidemic

Introduction:

The current opioid epidemic, particularly in regard to the presence of this epidemic among rural individuals, is a growing public health concern. How can the state of Georgia enact policies that change opioid usage and decrease negative health outcomes?

Background:

Opioids are a class of drugs naturally found in the opium poppy plant and that work in the brain to produce a variety of effects, including the relief of pain with many of these drugs (Johns Hopkins Medicine, 2020). Opioids not only control pain, but can also make some people feel happy, relaxed or “high”, making them very addictive (Johns Hopkins Medicine, 2020). Opioids fall into three categories, prescription opioids, fentanyl, and heroin. Prescription opioids are prescribed by doctors to treat pain but can have serious side effects. Fentanyl is a synthetic opioid pain reliever often more powerful than other forms of opioids. Heroin is an illegal opioid and its use has largely increased across the United States (Centers for Disease Control and Prevention, 2020b).

The opioid epidemic first began in the 1990's when pharmaceutical companies reassured the public that individuals would not become addicted to prescription opioid pain killers (National Institute on Drug Abuse, 2020). In response, widespread misuse of these drugs occurred before it was shown that they were addictive (National Institute on Drug Abuse, 2020). Addiction has since grown at a concerning rate. According to the Centers for Disease Control

and Prevention (CDC), the number of drug overdose deaths in 2018 was four times higher than in 1999 (Centers for Disease Control and Prevention, 2020c). Of the 67,367 deaths in 2018, roughly 70% involved the use of an opioid (Centers for Disease Control and Prevention, 2020c). Individuals in rural areas are especially impacted by this epidemic and at risk for addiction. In 2016 alone, opioids, including prescription pain killers, fentanyl, and heroin, killed more than 42,000 people with higher rates in rural areas (Farmers Bureau, 2020).

It has been shown that roughly 21-29% of individuals prescribed opioids for chronic pain misuse them (National Institute on Drug Abuse, 2020). Using opioids for more than a short period of time creates a tolerance and dependence which are the main contributors to addiction (Substance Abuse Research Alliance, 2017). Overprescribing and receiving/purchasing from an unlicensed third party are contributing to this addiction and playing a large role in overdoses (Georgia Office of the Attorney General, 2020). Legislation is needed to prevent this addiction from happening as well as help those currently facing addiction, particularly in rural areas.

Landscape:

The state of Georgia is of growing concern with regards to the opioid epidemic. Of the 1,307 drug overdose deaths in Georgia in 2015, 68 percent were due to opioid overdoses (Substance Abuse Research Alliance, 2017). Further, 55 of Georgia's 159 counties had drug overdose rates higher than the United States national average in 2014 (Substance Abuse Research Alliance, 2017). Importantly, 60% of these 55 counties are located in rural areas (Substance Abuse Research Alliance, 2017). It is with this information that I call your attention to your ability to assist in changing these statistics. Georgia's current legislation is lacking and is in need of reform. With your assistance, Mr. Kemp, policies can be created to help those all across Georgia, especially benefitting those in rural areas.

Should Georgia choose to change legislation to improve the opioid epidemic, many benefits would be seen. Each year thousands of people in Georgia are arrested on drug-related crime and creating policies that help reduce the spread and prevalence of opioid addiction could help take the burden off of jail and prison institutions housing individuals charged in association with opioids (Juergens, 2020). Further, implementing legislation that would better address the opioid epidemic could result in the acquiring of grants that could assist with this epidemic. The money received by grants could benefit Georgia residents in many ways by going towards building treatment facilities for those facing opioid addiction as well as developing educational programs to prevent this addiction.

Although Georgia has some legislation in place to help combat the opioid epidemic, more legislation is needed. The current legislation is disproportionately benefitting those in urban areas where access to help and services is more readily available. The rural population of Georgia is at stake for facing this addiction without proper resources. With your help, positive change could be made.

Policy Options:

I have developed three potential policy options that address ways to reduce the opioid epidemic.

Option 1: Require Earlier Follow-Up for Individuals Prescribed Opioids

Often times when prescribed opioids, patients are only required to see their physicians for a follow-up appointment once every three months, however, according to the Centers for Disease Control and Prevention (CDC), follow-up appointments earlier than three months can be crucial in preventing opioid use disorder (Centers for Disease Control and Prevention, 2016).

Continuing opioid-based therapy for more than three months increases the risk for developing opioid use disorder and the highest risk for opioid overdose is within the first 3-7 days of taking

a prescribed opioid (Centers for Disease Control and Prevention, 2016). For this reason, I propose a policy be put in place in which physicians who prescribe these opioids should be required to evaluate their patients within the first week of starting a opioid prescription to assess pain reduction efficiency, function, and overall well-being of the patients. Further, physicians should be required to follow-up with patients who are taking prescribed opioids long-term more often than every three months. I believe that if this policy was to be established, the number of people prescribed opioids and suffering from opioid use disorder as a result would decrease substantially.

Option 2: Increase Access to Naloxone for First Responders and Law Enforcement

Naloxone is a drug that can reverse the effects of opioid overdose (Centers for Disease Control and Prevention, 2020a). According to the Georgia Department of Public Health, “officers should carry naloxone whenever possible when responding to an event that may involve an overdose” (Georgia Department of Public Health, 2020). However, law enforcement officers, as well as first responders, should have access to Naloxone and be able to carry it at all times rather than just “whenever possible” (Georgia Department of Public Health, 2020). This is especially important for law enforcement and first responders in rural areas where hospitals are often not in close proximity, therefore these responders and officers can make a crucial impact in health outcomes if carrying Naloxone. If a policy were in place that requires all first responders and law enforcement in Georgia to carry Naloxone, I believe the number of opioid overdose deaths could decrease substantially.

Option 3: Increase the Number of Opioid Treatment Programs

Opioid treatment programs are facilities where patients have the opportunity to receive medications and counseling to treat their opioid use disorder under the supervision of physicians

and other health care professionals (Hilliard, 2019). These programs offer Medication-Assisted-Treatment (MAP) which often requires daily attendance, however accessing these facilities can be difficult, especially for rural populations (Hilliard, 2019). This issue has created multiple barriers on rural populations, including a travel barrier as these individuals have to travel farther distances to access treatment. Many individuals in rural areas do not possess a driver's license and experience economic strain, causing them to rely on public transportation and friends and family to get to these treatment centers (Hilliard, 2019). If there is a policy in place to require these centers be available in each rural county, this strain can diminish and more people suffering from opioid addiction can access treatment.

Recommendations:

Of the three policy options included, I would recommend that policy be created to require physicians to follow-up in person with their patients who are being prescribed opioids more often. I believe that if a policy were in place to require physicians to follow up with their patients within the first week of being prescribed an opioid, as well as more frequently than every three months, more patients can potentially be prevented from developing opioid use disorder as well as overdosing. It is important that physicians play a role in monitoring the well-being of their patients as they are the ones giving these patients access to opioids. During these appointments, physicians can evaluate whether the prescribed opioid is meeting treatment goals, the behavior of the patient, and whether the patient is displaying signs of opioid use disorder (Centers for Disease Control and Prevention, 2016). Physicians can then be able to make better judgment as to whether the patient needs to discontinue treatment or be referred to someone who can better assist with addiction (Centers for Disease Control and Prevention, 2016). The implementation of such a policy as this can play such a pivotal role in protecting Georgia residents being prescribed

opioids and improve the opioid epidemic overall by reducing the number of people suffering from opioid addiction as well as prevent many from opioid overdoses.

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