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VIRGINIA'S OPIOID EPIDEMIC: TREATMENT AND POLICY IN THE 21ST CENTURY

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INTRODUCTION TO THE OPIOID CRISIS IN VIRGINIA

In the last five years, heroin and prescription drug overdoses have gone from around six hundred fatalities to over one thousand in the Commonwealth of Virginia. The majority of those deaths can be directly attributed to legal prescription painkillers such as OxyContin. Drug overdoses are now the leading cause of accidental deaths – surpassing car accidents.¹ The Virginia State Health Commissioner declared a state health emergency last year due to the soaring number of opioid overdose deaths.² Our healthcare and criminal justice systems have become completely overwhelmed. To better understand how we got to this place and how we can overcome this problem, we need to understand the disease of addiction, also known as substance use disorder.

Prescription painkillers or opioids are used to treat pain. Your body produces natural pain relievers called endorphins that attach to the receptors in your brain to sooth pain. But natural pain relievers only work for low levels of pain. Prescription painkillers work the same way but at a higher level by causing a massive release of dopamine, a chemical in the brain. Dopamine helps you recognize what your body needs for basic survival, like food or water. That is why heavy use of opioids can train your brain into thinking you need them to survive.³ This is why it is so hard to break the cycle of addiction.

Addiction is not a new disease, but the rate in which people are dying from it has significantly increased in recent years. Prior to 1990, doctors generally considered opioids dangerous and reserved prescribing them for severe pain. But in 1997, Purdue pharma released OxyContin, one the most powerful painkillers that is also associated with some of the highest rates of abuse and overdose. Purdue spent millions of dollars on a marketing scheme that convinced doctors and the FDA that OxyContin was safe and not addictive.⁴ During this time, the Joint Commission on Accreditation of

¹ VIRGINIA DEPARTMENT OF HEALTH, FATAL DRUG OVERDOSE QUARTERLY REPORT: 2ND QUARTER 2016, http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/Quarterly-Drug-Death-Report-FINAL_Oct-2016_Updated-111516.pdf.

² OFFICE OF THE GOVERNOR, OPIOID ADDICTION CRISIS DECLARED A PUBLIC HEALTH EMERGENCY IN VIRGINIA (2016) (available at <https://governor.virginia.gov/newsroom/newsarticle?articleId=18348>).

³ Adam S. Sprouse-Blum, Greg Smith, Daniel Sugai & F. Don Parsa, *Understanding Endorphins and Their Importance in Pain Management*, HAWAII MED. J., Mar. 2010, at 70 (available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3104618/>).

⁴ Art Van Zee, *The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy*, 99 AM. J. PUB. HEALTH 221 (2009).

Health Care Organizations and the National Pharmaceutical Council released guidelines on pain assessment and management that recommended pain as the fifth vital sign and some physicians were successfully sued for not managing pain quickly and aggressively enough.⁵ Prescriptions for OxyContin skyrocketed and as the number of sales went up to almost \$1 billion, so did overdose deaths.

The United States has reached a point where the rise in fatalities cannot go unaddressed. Before President Obama left the Oval Office, he acknowledged the Government has to play a vital role in the solution and made addressing this epidemic a priority for his administration and charged other national and state leaders.⁶ When you look at the staggering numbers of lives lost and costs to families from the opioid epidemic, it has to be something that is treated like any other threat to our wellbeing. It has already been stated that more people die of opioid overdoses than motor vehicle accidents. Many Americans are killed in car accidents every year and the government spends many resources to reduce those fatalities. For example, public education initiatives have helped us become better drivers, roads are engineered differently to make them safer and vehicles are manufactured with protection and security in mind. We need to be addressing the opioid epidemic with the same attention. When opioids are killing more people than car accidents, this shows us it isn't just affecting a small minority of the population; it affects everyone – men, women, and children, old, young, urban and suburban.

We must tackle this problem the same way we do tobacco consumption or deadly car accidents and create some real public awareness.

One of the ways Attorney General Herring has done this is by educating the public, particularly young people who are most vulnerable to experimentation and abuse, of the dangers that are associated with opioids and what using them can do to a person. That is why our office created a documentary about the prescription drug and heroin epidemic in Virginia called *Heroin: The Hardest Hit*. This powerful documentary allows Virginians from all walks of life to tell their own stories about how they have been impacted by the opioid epidemic and what we as a Commonwealth can do to protect ourselves and our loved ones. This film is shown in venues through-

⁵ VA. DEPT. OF HEALTH, *supra* note 1.

⁶ THE WHITE HOUSE: OFFICE OF THE PRESS SECRETARY, FACT SHEET: OBAMA ADMINISTRATION ANNOUNCES PUBLIC AND PRIVATE SECTOR EFFORTS TO ADDRESS PRESCRIPTION DRUG ABUSE AND HEROIN USE (2015) (available at <https://obamawhitehouse.archives.gov/the-press-office/2015/10/21/fact-sheet-obama-administration-announces-public-and-private-sector>).

out the Commonwealth so that Virginians of all ages can see what substance use disorder looks like and what they can do to stop it.

Attorney General Herring has also spearheaded policy changes through legislation in the General Assembly to make it easier for anyone to access naloxone, a life-saving drug that reverses the effects of an overdose. He has championed measures to strengthen our prescription monitoring program to help providers and pharmacists screen how many prescription drugs patients are receiving. In an unprecedented move, the Attorney General's office sponsored a bill to create a safe reporting law to encourage people to call 9-1-1 in the event of an overdose. But these changes and public awareness efforts are only scratching the surface of what really needs to be done to save lives.

Addiction is a treatable disease. There are 23 million people in recovery but that path begins with treatment.⁷ Treatment has to be long term and works best if started as soon as the user is ready. The problem is only one in ten people with substance use disorder get the treatment they need.⁸ Most people get placed on waiting lists for treatment centers and about a third of people who want treatment do not have health insurance. Congress has tried to close the treatment gaps by allowing states to expand Medicaid through the Affordable Care Act and the Comprehensive Addiction and Recovery Act. As noble as it is for our policy makers to provide the architecture and structure for treatment options, there must be funding for those services. This way when there is someone who is willing to make a change, they know that help is available to them.

There isn't a one-size-fits-all solution for this problem, but we do need everyone at the table willing to work together. Healthcare providers need assistance from their support systems, like medical societies to provide recommendations and education on best practices. We need pharmaceutical companies to be honest about the products they are selling. Patients need to get treatment at the time they request it and doctors need to have the ability to give it to them. Most importantly, society has to start accepting that addiction isn't a moral failing or a character flaw – it is a disease and we must respond to it as such.

⁷ Tom Coderre, *Stand Up for Recovery, Face Addiction*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, Aug. 13, 2015, <https://blog.samhsa.gov/2015/08/13/stand-up-for-recovery-face-addiction/#.WNQFSvnyuM9>.

⁸ U.S. DEPT. OF HEALTH AND HUM. SERV., *FACING ADDICTION IN AMERICA: THE SURGEON GENERAL'S REPORT ON ALCOHOL, DRUGS, AND HEALTH 4-1* (2016) (available at <https://addiction.surgeongeneral.gov/surgeon-generals-report.pdf>).