The current opioid epidemic is the biggest public health crisis we have seen. Drug overdose deaths are the leading cause of injury death in the United States and Allen County is not immune. The biggest HIV and Hepatitis C epidemic in the nation occurred in Scott County in Indiana as a result of shared needles during IV drug use, and the full effects of that recent outbreak are yet to be seen.

**Background**

In the late 90’s a medical paper was published stating that physicians were not doing a good job of controlling cancer patients’ pain. As a result, a concerted effort ensued by multiple entities to ensure adequate pain control was achieved for patients. Drug companies began to develop and aggressively market opioids, which the FDA rapidly approved, Medicare began to base hospital reimbursements on patient satisfaction with pain control, doctors eagerly wrote pain prescriptions for patients with chronic pain and patients happily embraced the new philosophy that all pain should be able to be eliminated with the right opioid. As you can see, everyone, though well intentioned, contributed to the development of this crisis.

Unfortunately, starting in 2010, the Centers for Disease Control and Prevention (CDC) noted that the number of accidental drug overdoses in the US surpassed the number of deaths due to motor vehicle crashes. That was the beginning of the identification of both the lack of safety and effectiveness of opioid use in non-cancer chronic pain management. As a result, physician prescribing of opioids was actively discouraged and new prescribing laws were enacted that significantly limited the supply of prescription opioids to patients who had unfortunately become very used to taking them daily. In addition, the Drug Enforcement Agency became aware of physicians who were inappropriately prescribing opioids (“pill mills”) and began to shut them down – two in fact in Allen County – which restricted the opioid supply even more.

The end result was a significant number of patients who had been taking prescription opioids were no longer receiving them from their doctor and instead, turned to the streets to purchase heroin to fill the need. To attract and maintain consumers, the drug dealers not only developed a more concentrated form of heroin but also added homemade synthetic fentanyl (100 times more potent than morphine) and carfentanil (elephant tranquilizer – 10,000 times greater than morphine) to create a greater high and cause greater addiction among their customers. We have heard from a number of drug users that
with one dose they are “hooked”. According to the CDC, heroin use more than doubled among young adults aged 18–25 in the past decade and 45% of people who used heroin were also addicted to prescription opioid painkillers.

**Adverse Outcomes**

**Accidental Overdoses**

Accidental overdoses occur in every demographic. Below is the map depicting the locations of accidental overdoses that occurred in Allen County in 2015:

![Map of accidental overdoses in Allen County 2015](image)

*Courtesy of Ben Goldsberry, Three Rivers Ambulance Authority (TRAA)*

The other adverse outcome is accidental overdoses ending in death.

According to Captain Hunter, Fort Wayne Police Department, Vice & Narcotics Division, we have seen a significant increase in accidental overdoses in the community from last year:

- Total Drug Overdoses for May 2017—96
- Total Drug Overdoses 2016 January to May—267
- Total Drug Overdoses 2017 January to May—468
- Total Drug Overdose Deaths 2017 January to Present—35 Deaths with 15 or more pending toxicology results.

In partnership with the Allen County Coroner’s Office and the Fort Wayne Medical Education Program, the Department of Health reviewed all of the overdose deaths from 2008 through 2015 and identified the following facts:

- Accidental overdose deaths have increased **113%** in Allen County since 2008; with a **58% increase** from 2014 through 2015
- Victims are predominantly **white, single, employed** males
• The average age of at the time of overdose death was **43 years old**

• We have seen a huge increase in heroin overdoses since 2011

![Graph showing increase in heroin present from 2008 to 2015](image)

**Neonatal Abstinence Syndrome**

Another adverse outcome is babies born to mothers on opioids – this is called neonatal abstinence syndrome (NAS). There was a five-fold increase in the proportion of babies born with NAS in the U.S. from 2000 to 2012, when an estimated 21,732 infants were born with NAS — equivalent to one baby suffering from opiate withdrawal born every 25 minutes. The hospital costs for newborns with NAS were $66,700 on average compared to $3,500 for those without NAS. In 2012, newborns with NAS stayed in the hospital an average of 16.9 days (compared to 2.1 days for other newborns), costing hospitals an estimated $1.5 billion; the majority of these charges (81%) were paid by state Medicaid programs, reflecting the greater tendency of opiate-abusing mothers to be from lower-income communities.

**Workplace Issues**

A first-of-its-kind survey conducted by the National Safety Council (NSC) and Indiana’s Attorney General concluded that 80% of Indiana’s employers have observed prescription drug misuse by their employees. The survey also found that 64% of employers perceive that prescription drugs present bigger problems in the workplace than illegal substances.

**HIV and Hepatitis**

Both HIV and Hepatitis B and C spread by the exchange of body fluids with an infected person, and are easily spread through needle sharing. Scott County, Indiana had the largest outbreak of HIV and Hepatitis C in the nation as a result of widespread intravenous use of Opana – a prescription opioid. While not as dramatic, increases in both HIV and Hepatitis have occurred throughout the country, including Allen County, over the past few years as a result of the opioid crisis. While both infections can be treated, they are quite expensive to treat and HIV cannot be cured.
**Incarceration**

A significant number of people with substance use disorder with prescription or illegal drugs eventually have interactions with the criminal justice system. It is estimated that 53% of incarcerated persons in Indiana and 47% of incarcerated persons nationally are diagnosed with substance use disorder. Of people who return to prison, 75% have a substance abuse disorder. In 2007, the criminal justice cost nationally just for prescription opioid abuse alone has been estimated at more than $5.1 billion. As the crisis has deepened, including use of heroin, the costs have only increased.

**Child Welfare**

While there are many negative impacts on the well-being of children of parents who abuse drugs, it is estimated that the Department of Child Services has had at least a 30% increase in children entering the welfare system.

**Costs**

The estimated costs of the prescription drug crisis are $55.7 billion, distributed in the following categories:

- $25 billion attributable to healthcare
- $25.6 billion in lost workplace productivity,
- $5.1 billion in criminal justice costs

**Addressing the Crisis**

This is a complex, long term crisis that requires a multidisciplinary approach that is using both primary and secondary prevention methods.

**Primary Prevention**

To prevent drug addiction in the first place, we are in need of an evidence based curriculum that is required to be taught in middle and high schools throughout the state. While a number of programs exist, we have limited access to widely accepted evidence based curriculums. The other method to prevent addiction is to engage parents and physicians to do a better job of identifying and treating adolescents with depression and anxiety – currently the average age of onset of these simple issues is 14 years of age, but it takes an average of 8 to 10 years for that teenager to be treated. In addition, the average age of addiction is 15 years of age – and it leads us to ponder how many of these children were self-medicating simple anxiety?

**Secondary prevention requires multiple interventions including:**

- Decreased availability of opioid prescriptions – this has been addressed fairly well with the medical community through legislation and the medical licensing board.
• Increased diagnosis of and treatment of addiction – medically called substance use disorder (SUD) – this is a work in progress. We have a significant shortage of professionals willing and able to treat these disorders. SUD is now recognized as a medical issue – much like other chronic health issues like diabetes or heart failure. We do have medicines that are able to mitigate the significant cravings that result from the impact of the opioids on the reward center of the brain. Treatment with these medications – called Medication Assisted Treatment (MAT) – significantly reduce the risk of relapse.

• Reduce stigma and misinformation regarding mental illness and substance use disorder and provide a central location for education and referral services via www.lookupindiana.org

• Increased availability of transitional housing – folks released from jail with SUD have a much higher rate of relapse if they return to the same environment. Therefore we need to have increased capacity for transitional housing for people in recovery. Currently there is a significant shortage and with the efforts of our local task force and Senator Merritt we now have a pilot program: Substance Abuse Pilot Program. The Allen County substance abuse pilot authorized in SB 510 is a recommendation from Governor Pence’s State Drug Task Force. This pilot program will enable our Superior Court criminal judges to offer felons the opportunity for detox, treatment, and recovery. Rather than incarceration, these individuals can be directly admitted into the residential treatment program, which will include medically assisted treatment (MAT). The goal is to reduce recidivism in drug offenses and promote long-term sober living among the population. This program will serve individuals who are over 18, have been charged with a felony, and have been suffering from a significant substance abuse disorder and cannot remain sober. Individuals will also need to be under the supervision of the Allen Superior Court or Allen County Community Corrections. This project will provide 24 beds of residential care living. Upon completion of the residential program, 50 bed sober living component, in partnership with other sober living opportunities in the county, will be provided.

• Increased availability of foster care – there is a significant shortage as of now.

• Harm reduction strategies to minimize the transmission of HIV and Hepatitis including increasing access to clean needles. Multiple studies have shown that syringe services programs are an effective way to reduce transmission of these expensive infections and do not increase drug usage or crime.

• Increasing public access to naloxone, a medication that reverses an opioid overdose.

• Increased diagnosis and treatment and long term follow-up for babies born with NAS.

• The need to continue to educate Police Officers, Physicians and other healthcare providers, and pharmacists that addiction is a disease to the point that changes their perspectives on this issue.

• We need to address the issue of a significant spike in drug overdoses in Fort Wayne and an action plan to deal with that.

• Continue to educate and inform officers, emergency providers and healthcare providers of the new illegal synthetic substances that are coming onto the market, and the dangers associated with those substances. Also, inform and educate officers on the best practices of handling these new synthetic substances and make sure they have the proper personal protective equipment to prevent their accidental exposure to these substances.
• Have an addiction specialist be able to work with Narcotics detectives and go out on raids and calls for service. I think it would be very helpful to have an addiction specialist work with detectives and be able to talk with a person who has just overdosed on heroin/fentanyl and try to get the help that they need.

• We need to educate the public on this issue is a very positive and needed thing. We would like to get to the point that if you spoke with any person from Fort Wayne, they would be able to tell you about the opioid problem, how bad it is and that there is hope for people with substance use disorder.

Summary

The opioid crisis is the most significant public health issue of our time and is the result of decades of multiple entities trying to minimize pain and discomfort associated with chronic health issues. However, we now know that opioids are not as effective or safe as once thought and we have created a situation where a large number of people have become unintentionally dependent on opioids. We now also understand that addiction or substance use disorder is a chronic brain illness that often requires a combination of medication assisted treatment and behavioral counseling for an extended period of time, similar to other chronic health conditions like lung or heart disease.

To be successful we need to address this problem as a community and destigmatize mental health and addiction issues and improve diagnosis of and treatment for both mental health services and treatment. As with all public health issues that affect large numbers of people, have significant social, family and economic consequence, all citizens need to be informed and engaged.