

# THE OPIOID EPIDEMIC

## A BURDEN FOR ALL AGES

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## INTRODUCTION

America’s current opioid epidemic has swept through the mountains of West Virginia, taking victim not only users of these highly addictive drugs, but also their families and loved ones. Opioids do not discriminate by age, income-level, or employment-status. Rightfully, discussions about the current crisis focus on solutions for individuals with substance use disorder but often we forget those who are impacted without ever swallowing a pill or injecting a needle.

This report highlights the impact of opioids on the people who use them and their families throughout all phases of life. By bringing attention to the overarching negative effects of opioid use disorder, we can better understand how opioids catastrophically impact everyone at every age.

## PREGNANCY AND INFANTS

Between 1999 and 2013, the overall rate of Neonatal Abstinence Syndrome increased 300%, from 1.5 per 1000 births to 6 in 1000 births. <sup>i</sup>

After birth, infants exposed to opioids during pregnancy run the risk of suffering from Neonatal Abstinence Syndrome (NAS), a postnatal drug withdrawal syndrome that occurs among infants exposed to opioids. NAS is treated shortly after an infant’s birth and can result in increased hospital bills and longer stays.

- In 2012, an estimated 21,732 infants were born with NAS —equivalent to one baby suffering from opiate withdrawal born every 25 minutes. <sup>ii</sup>
- From 1999 to 2013, in 28 states where data was collected, incidences of NAS increased by 300 percent from 1.5 births in 1000 to 6 births in 1000. <sup>iii</sup>
- Hospital costs for newborns with NAS were \$66,700 on average compared to \$3,500 for those without NAS. <sup>iv</sup>

### In West Virginia

According to the West Virginia Department of Health and Human Services, out of every 1,000 live births in West Virginia during 2016, 49.9 babies were born with Neonatal Abstinence Syndrome (NAS), which accounts for about 5% of all births. A study by the CDC of 28 states between 1999 and 2013 found incidences of NAS grew from a range of 0.05 to 3.6 out of 1000 births in 1999, to a range of 0.7 to 33.4 out of 1000 in 2013. <sup>v</sup>

NAS Incidence, 1999-2013																
West Virginia and 28 State Average																
State	Year (1999 = 99)														Average change	
	99	00	01	02	03	04	05	06	07	08	09	10	11	12		13
Sample Avg.	1.7	1.2	1.3	1.5	1.8	1.8	2.5	2.4	3.1	3.8	4.6	5.4	6.2	7.9	7.4	0.77
West Virginia	—	0.5	1.0	1.7	3.3	3.4	6.9	7.1	7.5	10.2	11.0	14.2	16.9	21.7	33.4	2.70

Source: CDC Morbidity and Mortality Weekly Report, Aug. 12, 2016

Of the 28 states surveyed, West Virginia was one of only three states that the total NAS diagnosis was greater than 30 births out of 1000. The other states were Maine and Vermont. See Figure 1, provided by the CDC, of NAS incidence rates in 28 states from 2012 to 2013.

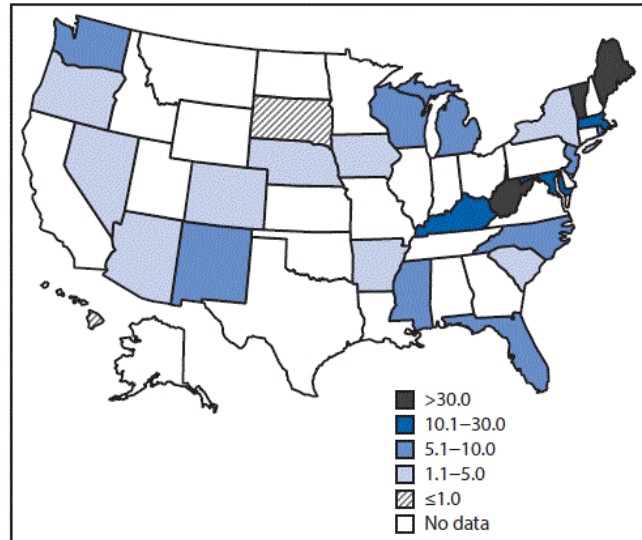


Figure 1: Neonatal abstinence syndrome (NAS) incidence rates — 25 states, 2012–2013

## CHILDREN

In 2009, an estimated 12 percent of children in this country lived with a parent who is dependent on or abuses alcohol or other drugs. <sup>vi</sup>

Children of the opioid epidemic are faced with adult challenges more often than not, and sometimes they are taken away by Child Protective Services and put into the foster care system. Data from the U.S. Department of Health and Human Services showed more than 92,000 children entered the foster care system nationally in 2016 because of parental drug usage, the largest increase in 30 years. <sup>vii</sup>

### In West Virginia

In West Virginia, 85 percent of children currently in foster care were removed because of substance abuse or its related issues, according to the West Virginia DHHR. This percentage fluctuates but consistently more than 80% of removals can be linked to substance abuse and its related issues.

## TEENAGERS

Between 1994 and 2007, prescribing rates for prescription opioids among adolescents and young adults nearly doubled. <sup>viii</sup>

Even though these prescriptions are legally obtained and used appropriately by the majority of young adults, at least one study published in the *Pediatrics and Adolescent Medicine Journal* found that approximately 22 percent of adolescents legally prescribed opioids reported misuse in a year's period. <sup>ix</sup>

In 2016, about 891,000 adolescents aged 12 to 17 misused opioids in the past year. This number corresponds to 3.6 percent of adolescents misusing opioids in the past year. <sup>x</sup>

In 2015 alone, approximately 276,000 adolescents were users of nonmedical pain relievers. <sup>xi</sup> When adolescents are prescribed opioids they are at risk of developing dangerous addictions and lethal overdoses. In 2014 alone, more than 1,700 young adults died from prescription drug (mainly opioid) overdoses. <sup>xii</sup>

### *In West Virginia*

West Virginia is no exception to the dangers of prescribing children and young adults opioids. In the November 2015 report *Reducing Teen Substance Misuse*, West Virginia had the highest rate of drug overdose death rates amongst 12- to 15-year-olds. Current rates were highest in West Virginia (12.6 per 100,000 youth) -- which were more than five times higher than the lowest rates in North Dakota (2.2 per 100,000). <sup>xiii</sup>

### *College*

About 2.5 million college age individuals, aged 18 to 25, misused opioids in 2016, which corresponds to about 7.3 percent of young adults. <sup>xiv</sup>

Colleges and universities across the country are starting to implement programs to make sure Narcan is available to resident assistants, campus security guards and around campuses similar to the way portable defibrillators and first-aid kits are. <sup>xv</sup>

In response to the increase need of treatment programs for college aged students, the Association of Recovery in Higher Education has almost 100 chapters at colleges and university in the United States including one at West Virginia University. <sup>xvi</sup>

## **ADULTS**

In 2016, an estimated 2.1 million people had an opioid use disorder, which includes 1.8 million people with a prescription pain reliever use disorder and 0.6 million people with a heroin use disorder. <sup>xvii</sup>

### *Incarceration*

Many people with an opioid use disorder find themselves incarcerated for their addiction or crimes related to their addiction. Of the 2.3 million inmates in the nation's prisons and jails, 1.5 million have a substance abuse or addiction, and another 458,000, had histories of substance use disorder. <sup>xviii</sup>

While incarcerated, many prisoners do not receive the necessary treatment to adequately deal with their addictions. Many prisons simply do not provide inmates with treatments, or do not possess enough resources to meet the needs of the facility. Research indicates the majority of U.S. jails report they do not provide any medications for opioid detoxification or do not follow evidence-based practices if they do provide medication.<sup>xix xx xxi</sup>

Florence et al. (2016) estimate that prescription opioid misuse increases criminal justice costs by \$7.8 billion.<sup>xxii</sup>

### Rehabilitation

Rehabilitation is the safest and most successful way for those struggling with opioid use disorder to become sober and learn how to manage their disease. In 2016, an estimated 21.0 million people aged 12 or older needed treatment related to substance use disorder involving use of alcohol or illicit drugs. In 2016, only around 3.8 million people aged 12 or older received any substance use disorder treatment in the past year, or 1.4 percent.<sup>xxiii</sup>

According to the West Virginia DHHR, 42,000 people in 2014 – including 4000 youth – sought treatment for illegal drug use but failed to receive it.

Florence et al. (2016) estimate that prescription opioid misuse increases healthcare and substance abuse treatment costs by \$29.4 billion.<sup>xxiv</sup>

### Unemployment

Research shows a clear connection between increases in unemployment and increases in the opioid death rate. Latest data shows that as the country unemployment rate increases by one percentage point, the opioid death rate per 100,000 rises by 0.19 (3.6%) and the opioid overdose ED visit rate per 100,000 increases by 0.95 (7.0%).<sup>xxv</sup>

Joblessness is directly connected to use of pain medication. Nearly half of prime age NLF [not-in-the-labor-force] men take pain medication on a daily basis, and in two-thirds of cases, they take prescription pain medication.<sup>xxvi</sup>

West Virginia's workforce participation currently sits just above 50%, after spending much of the previous three years below the 50% threshold, which made it the lowest in the country.<sup>xxvii</sup> While there are many factors that contribute to this number, including the skills gap, the opioid epidemic is widely-considered to have an impact on the number of individuals in the workforce.

Florence et al. (2016) estimate that prescription opioid misuse reduces productivity among those who do not die of overdose by \$20.8 billion (in 2015 \$).<sup>xxviii</sup>

### In West Virginia

In West Virginia, 12 percent of the GDP goes to costs related to the opioid epidemic.<sup>xxix</sup>

The opioid epidemic is costing West Virginia’s economy nearly \$1 billion, according to a study by West Virginia University. Estimates include adding together more than \$322 million in productivity loss due to fatalities, more than \$316 million in productivity lost in people who are not working at peak levels because they are addicts, and more than \$320 million in resources tied up in the opioid crisis that could be devoted to solving other problems. <sup>xxx</sup>

## SENIORS

According to the Centers for Disease Control and Prevention, drug overdose death rates increased for all age groups, with the greatest percentage increase among adults aged 55–64 (from 4.2 per 100,000 in 1999 to 21.8 in 2015), which is an average increase of 10.5% per year. In 2015, adults aged 45–54 had the highest rate (30.0).

In 2015, rates for adults aged 25–34, 35–44, 45–54, and 55–64 were more than twice the rate for younger adults aged 15–24, and more than 3.5 times the rate for adults aged 65 and over.

<sup>xxxi</sup>

## Childcare

According to a [2014 Census report](#), more than 2.7 million people nationwide are raising grandchildren, and that figure is only rising due to the opioid epidemic. Parents are unable to care for their children because they are more likely to be jailed, going into treatment centers, or worse, dying. <sup>xxxii</sup>

- 21% of grandparents caring for grandkids live below the poverty line\*
- 39% of these grandparents are over 60\*
- 26% of these grandparents have a disability\*

\* <sup>xxxiii</sup>

## OVERDOSE AND DEATH

In 2016 alone, prescription opioids and heroin killed more than 42,000 people. Of these deaths, 40% were from legal prescriptions. Of all drug overdoses, more than 3 out of 5 involve opioids. The best source of data on overdose information is provided by the [CDC](#).

Aldy and Viscusi’s age-adjusted approach estimates that total fatality costs of \$431.7 billion. <sup>xxxiv</sup>

In 2016, life expectancy at birth was 78.6 years for the total U.S. population—a decrease of 0.1 year from 78.7 in 2015. The opioid epidemic was one of the increasing factors of the decline.

<sup>xxxv</sup>

Drug overdose deaths in the U.S. far surpass death totals in wars, health crises, and accidents. Below is a list of comparisons: <sup>xxxvi</sup>

- US drug overdose deaths in 2016: 63,600
- US deaths in the Vietnam war: 58,000

- US HIV/AIDS deaths in 1995, the peak of the crisis: 43,000
- US motor accidents deaths in 2016: 37,461
- Annual gun deaths in the US: 33,000

### In West Virginia

In 2016, 884 West Virginians lost their lives due to overdose, resulting in the highest overdose death rate per capita in the nation.

According to [West Virginia DHHR](#), preliminary analysis of overdose deaths in West Virginia in 2016 demonstrates that 7 out of 10 people who died had a prescription for a controlled substance filled within a year of their death, and two in five overdose victims had a prescription filled within 30 days prior to their death.



Figure 2: The amount of opioids prescribed per person varied widely among counties in 2015. Source: CDC

Cabell County West Virginia reported 944 overdoses and 70 overdose deaths in Cabell County in 2015. That is up from 272 overdoses in the county in 2014. In August 2016, Huntington saw 28 overdoses in one day with two overdose deaths.<sup>xxxvii</sup>

In West Virginia, federal funding for funerals ran out 5 months before the end of FY 17 because they could not keep up with the number of overdose deaths.<sup>xxxviii</sup>

## CONCLUSION

This report highlights that the opioid epidemic can and does affect people in every stage of life and in every community across our country. From birth until death, the lingering presence of opioids creates lifelong challenges and consequences for many Americans. This report demonstrates that the opioid epidemic is truly a national public health emergency. I hope the

data in this report will serve as a stark reminder that we must strengthen our efforts to lift up those who have been impacted and start healing our communities.

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