Ending the Opioid Crisis in Five Years

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In 2017, 70,237 people died from drug overdose; my little sister Jenny was just one of them. I watched her die from prescription opioids over the course of six days at Kenmore Mercy hospital near Buffalo, NY. Jenny was a 44-year-old suburban mom and college graduate. She died with my parents on either side of her bed holding her hands. My mom was wearing a baseball hat. I never saw her cry. My dad, a Vietnam combat Veteran and Bronze Star recipient, was silent. My sister Colleen and I sat at the foot of the bed, with a perfectly framed picture of our youngest sister and my parents, one that I’ll never be able to forget. It was a heartbreaking and gruesome death for my sister and our family.

According to the Centers for Disease Control and Prevention (https://www.cdc.gov/opioids/index.html), from 1999 to 2017 more than 702,000 Americans died from a drug overdose; 477,000 (68%) of those deaths involved a prescription or illegal opioid. In 2017, 46 percent (https://www.pewresearch.org/fact-tank/2017/10/26/nearly-half-of-americans-have-a-family-member-or-close-friend-who's-been-addicted-to-drugs/) of American adults had a family member or close friend who struggled with addiction. Millennials are dying at such high rates it has driven (https://www.npr.org/2015/05/19/404184355/how-heroin-made-its-way-from-rural-mexico-to-small-town-america) the emergence of the synthetic opioid fentanyl (https://www.washingtonpost.com/business/2018/08/15/fentanyl-use-drove-drug-overdose-deaths-record-high/) and hydrocodone and oxycodone pills between 2005 and 2011 from McKesson, which shipped over 100 million pills into the state during that time. Mallinckrodt manufactured 88 percent of those pills, and the six companies (McKesson Corp., Walgreens, Cardinal Health, AmerisourceBergen, CVS, Walmart) distributed 75 percent of those pills. This public health crisis continues to metastasize across America with no end in sight.

In the mid-1990s, doctors were treating pain more aggressively because the American Pain Society was defining pain as the fifth vital sign to raise awareness that patients with pain were undertreated. At the same time Purdue Pharma was aggressively marketing OxyContin directly to doctors as a non-addictive pain medication. A 2018 New York Times (https://www.nytimes.com/2018/05/29/health/purdue-opioids-oxycontin.html) report alleged that Purdue was well aware of the potential risks of opioid addiction as early as 1996 when they received reports that early users were engaging in abuse of their drug, but Purdue continued their aggressive marketing.

But Purdue Pharma didn’t act alone. In Dopesick: Dealers, Doctors, and the Drug Company that Addicted America, Beth Macy claims that in addition to the actions Purdue Pharma (https://www.nytimes.com/2018/05/29/health/purdue-opioids-oxycontin.html), lobbyists, drug distributors, lawmakers, lobbyists, and “pill mills” that dispensed large quantities of prescription drugs for cash were also responsible for creating the opioid crisis. Quinones describes pill mills (https://www.npr.org/2015/05/19/404184355/how-heroin-made-its-way-from-rural-mexico-to-small-town-america) as places “where a doctor prescribes pills for cash without almost any diagnosis of any pain problems or anything like that. Pill mills usually have long, long lines, and they prescribed millions of pills a year and are one of the main reasons why so many people got addicted.”


Pill mills were rampant in small towns like Kermit, West Virginia, (population 392), where one pharmacy received $5.7 million (https://www.wvgazettemail.com/news/health/drug-firms-shipped-m-pain-pills-to-wv-town-with/article_e0f4190c-1763-50ac-a77a-7da0ff6e453b.html) hydrocodone and oxycodone pills between 2005 and 2011 from McKesson, which shipped over 100 million pills into the state during that time. Mallinckrodt flooded Florida (population 20 million) with 300 million oxycodone pills between 2008 and 2012. One Florida doctor, Barry Schultz, prescribed a patient 23,000 pills over eight months (https://www.cbsnews.com/news/jailed-doctor-barry-schultz-interview-opioid-epidemic-60-minutes-2019-08-25/) — that’s 100 pills a day.
Opioid Crisis Profit and Loss (P&L): Private Sector Profits at the Expense of Government

Internal Purdue records indicate OxyContin had more than 28% of the total market share in gross sales of opioids each year from 2008 through 2018. Since 1996, sales of OxyContin have totaled more than $35 billion. Purdue generated $18 billion in company profits. Mallinckrodt generated $1.7 billion in sales tax revenue.

Annual opioid sales nationwide rose from $6.1 billion in 2006 to $8.5 billion in 2012, according to industry data gathered by IQVIA, a health care information and consulting company. Individual drug company revenues ranged in single years at the epidemic’s peak from $403 million for opioids sold by Endo to $3.1 billion in OxyContin sales by Purdue Pharma, according to a 2018 lawsuit against multiple defendants by San Juan County in New Mexico.

The White House Council of Economic Advisors estimated the opioid crisis was $504.0 billion, or 2.8 percent of GDP in 2013 alone. A report from the National Center for Biotechnology Information (NCBI) found that between 2000 and 2016, opioid misuse cost state governments $11.8 billion, including $1.7 billion in lost sales tax revenue and $10.1 billion in lost income tax revenue. In addition, the federal government lost $26.6 billion in income tax revenue.

In 2019, a federal case in Cleveland includes more than 2,000 lawsuits, largely from various levels of government, in an effort to reach a single landmark legal resolution to the opioid epidemic making drug makers and distributors help pay for solutions. There are two major legal arguments behind these cases, one against opioid manufacturers for fraudulent advertising and another against opioid distributors for insufficient monitoring of suppliers. Other cases are proceeding as well in Connecticut and Massachusetts, and Oklahoma.

The judge in Oklahoma ruled in August against Johnson & Johnson in the state’s opioid suit, forcing the company to pay $572 million in the first opioid legal cases now underway, the Massachusetts attorney general alleged that McKinsey, a top tier consulting firm, advised Purdue Pharma on how to “turbocharge” sales of OxyContin and counter efforts by drug enforcement agents to reduce opioid use and was part of a team that looked at how “to counter the emotional messages from mothers with teenagers that overdosed” on the drug.

The opioid crisis is a 20-year assault on patients with a perfect storm of gross negligence of government regulators, law enforcement hiding information and data that could have helped the public, and corporate predatory behavior in pursuit of profits at the expense of patient health.
A Systems Thinking Approach to Ending the Opioid Crisis in Five Years

The public and private sectors need to collaborate more effectively on patient-centered solutions, and our elected officials in both parties need to lead.

Fixing this crisis is not only the right thing to do but also good business for the private sector. Executives at 181 of America’s biggest companies have redefined the purpose of a corporation (https://www.theguardian.com/business/2019/aug/19/leading-us-bosses-group-drops-principle-of-shareholder-first) to include “improving our society by operating ethically.” Now that the truth is finally being made public with evidence from more than 2,000 opioid lawsuits (https://www.theguardian.com/us-news/2019/aug/27/purdue-pharma-sackler-oxycontin-opioids-drugs), individuals and corporations that broke the law should get the justice they deserve and be made to pay to fix a problem they helped create.

Congress and the president need to ensure effective legislation and adequate funding for states is in place. The CARE Act (https://oversight.house.gov/sites/democrats.oversight.house.gov/files/documents/FINAL%204.18.18%20CARE%20Act%20Report%20and%20Fact%20Sheets.pdf) is a comprehensive plan to fix the opioid crisis over the next decade and provides states with funds needed to prevent and treat substance use disorder: $100 billion would be invested to build an addiction treatment infrastructure modeled on the approach to address the HIV epidemic. The plan addresses treatment, training for health professionals, monitoring and surveillance, prevention, and expanded access to naloxone.

Government agency secretaries and senior executive service (SES) leaders need to improve their agencies’ performance and patient-centered outcomes, taking a more data-driven, scalable approach and leverage things that are already working. For example, Vermont uses a “hub and spoke” (https://blueprintforhealth.vermont.gov/about-blueprint/hub-and-spoke) model to create a comprehensive treatment plan for addiction recovery. In my hometown of Buffalo, the first opioid treatment court (https://www.bizjournals.com/buffalo/news/2019/02/11/countering-an-epidemic-judge-craig-hannah-s-opioid.html) was launched in 2017 to expedite treatment for defendants.

The scale and complexity of this crisis requires a systems thinking approach. We need ubiquitous access to medication assisted treatment (MAT); (https://www.samhsa.gov/medication-assisted-treatment) education to eliminate shame associated with addiction, an overhaul of treatment in the criminal justice system, more drug treatment courts, more doctors who are certified in addiction medicine and licensed to prescribe MAT medications, expanded access to naloxone, improved monitoring and surveillance technologies, more innovative law enforcement tactics to combat illegal opioids, and research to develop non-addictive pain medication.