

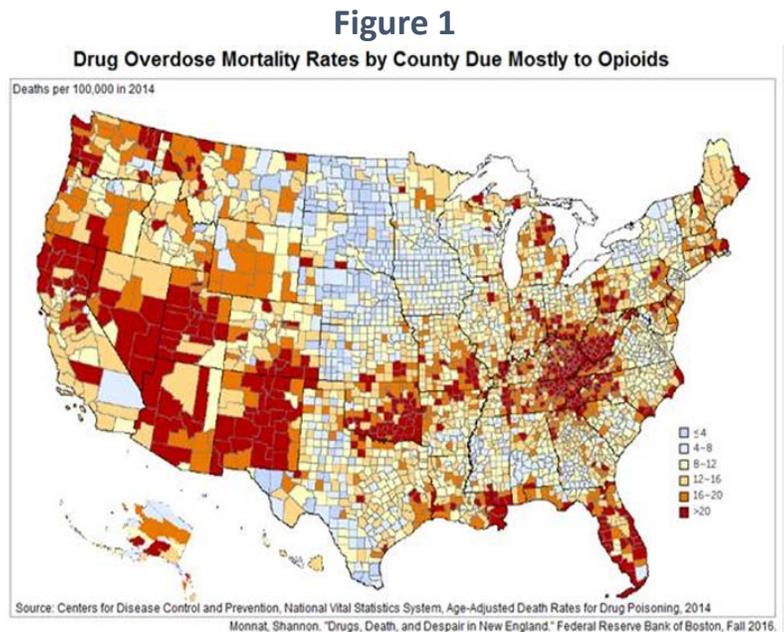
The Opioid Crisis

The Joint Economic Committee (JEC) will hold a hearing on June 8th to explore the economic aspects of the opioid crisis.¹

Under assault from three opioids. Nine years after the World Health Organization (WHO) recommended increased opioid use to reduce pain in *Cancer Pain Relief*, the Food and Drug Administration (FDA) approved Purdue Pharma’s OxyContin. Aggressive marketing, an expanding sales force, and misleading promotional material led physicians—many of whom may not have been trained in pain management—to prescribe OxyContin for non-cancer pain.

Addiction and overdose deaths, initially fueled by expanded use of opioid prescription painkillers, later were exacerbated by an increased supply of potent, low-cost Mexican heroin and Chinese fentanyl (see Figure 1).

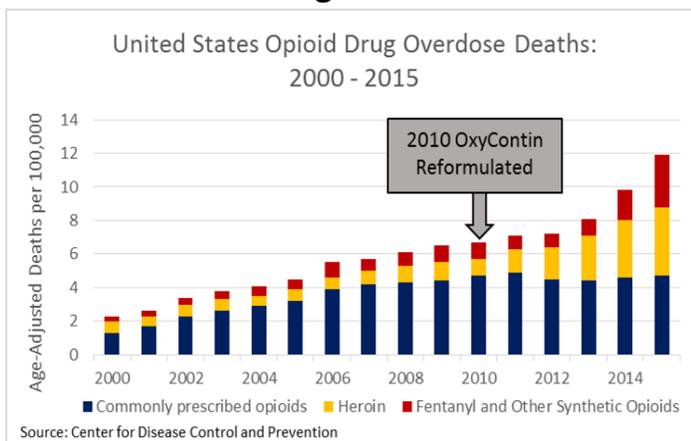
OxyContin. Starting in the late 1980s, a shift occurred in the medical community toward acceptance of addictive substances for treating pain whereby the extent of the treatment would come to exceed the justification.² Medical meetings and conferences that focused on pain



treatment were hosted in Salt Lake City by groups interested in using opioids like MS Contin (released in 1984) and OxyContin (released in 1996) to treat chronic pain.

A lucrative black-market in OxyContin gave rise to “pill mills” where doctors would prescribe, and pharmacies would fill, numerous fraudulent prescriptions. OxyContin was particularly conducive to abuse because its controlled-release property could easily be bypassed by crushing the pills. Abuse reports in the media

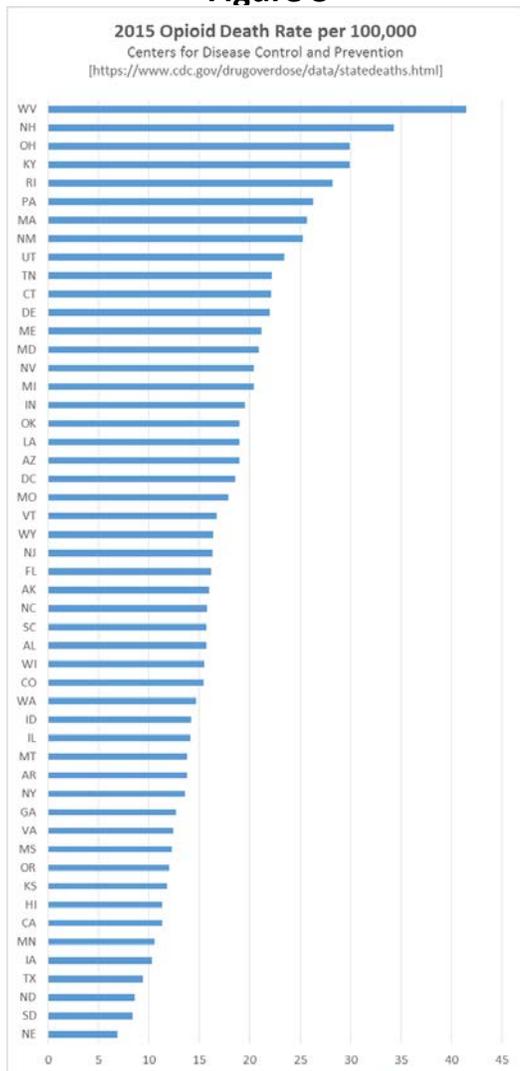
Figure 2



¹ “Economic Aspects of the Opioid Crisis,” June 8, 2017, at 10:00 a.m. in room 1100 Longworth House Office Building.

² Sam Quinones, *Dreamland: The True Tale of America’s Opiate Epidemic* (New York: Bloomsbury Press, 2015), 93-94.

Figure 3



surfaced in 2000. Although several western states, in particular Utah, have high concentrations of communities where the use of illegal drugs is generally taboo, the path to addiction and overdose through prescription opioids has become more and more common. Data from 2014 show that the states in the west account for the majority of states with the highest level of opioid prescription rates.³

Black tar heroin. In 2010, OxyContin was reformulated to reduce abuse (see Figure 2). However, at about the same time, potent and inexpensive Mexican heroin became more prevalent in America. So-called black tar and brown powder heroin moved east across the country into new markets, and white powder heroin moved west into new markets. Starting in the 1990s, western cities like Salt Lake, Boise, Portland, and Denver saw heroin traffickers begin to focus on stable middle- and upper-class areas. Places without much heroin use prior to the 1990s faced a growing presence of illegal opiates alongside the rise in prescription opioids.

Overdose deaths have been rising precipitously in the Appalachian region of Ohio, West Virginia, and Kentucky. Columbus, Ohio, became a major heroin market. In 2015, Ohio had the highest heroin death rate in America followed by West Virginia. Ohio ranked third and West Virginia first in overall opioid death rates (see Figure 3)

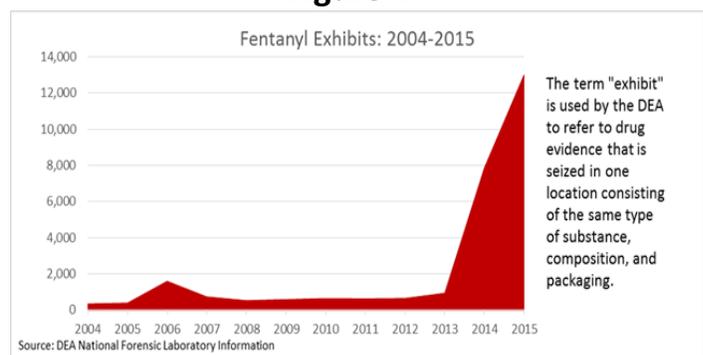
Fentanyl. A synthetic opioid, fentanyl, is diverted from legal markets and frequently used as a substitute ingredient in black market products without the customers knowledge. Manufactured in China, and possibly Mexico, it is 50 times

stronger than heroin and sold as heroin, mixed with heroin, or used in the production of counterfeit prescription pills.⁴ DEA-seized fentanyl evidence (called “exhibits”) has skyrocketed since 2013 (see Figure 4).

Carfentanil, also a synthetic opioid, is 100 times more potent than fentanyl and 10,000 times more potent than morphine. It is not approved for humans and can be absorbed through the skin or accidentally inhaled, if airborne, to deadly effect.

JEC hearing. The opioid problem has various elements on the demand and the supply side that JEC witnesses, Professor Sir Angus Deaton, 2015 Nobel Prize laureate in economics, Ohio Attorney General Mike DeWine, Dr. Lisa Sacco, Congressional Research Service Crime Policy Analyst, and Dr. Richard G. Frank, Professor of Health Economics at Harvard will address in detail.

Figure 4



³ “[Medicare Part D Opioid Prescribing Mapping Tool](#),” Centers for Medicare and Medicaid Services, Accessed June 6, 2017

⁴ In 2016, the musician Prince died of fentanyl poisoning—possibly from counterfeit pills.