

REVERSING THE OPIOID EPIDEMIC: STRATEGIES TO SAVE LIVES AND COMMUNITIES

Why this Matters to Communities; Cost and Harm to Lansing

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A BRIEF HISTORY OF OPIOIDS

- 3400 B.C.– The earliest reference to opium growth and use, by Sumerians
- 460-357 B.C.– Hippocrates, the “father of medicine,” acknowledged Opium’s usefulness as a narcotic and styptic in treating internal diseases, diseases of women and epidemics
- 1527– Paracelsus, an alchemist and founder of toxicology, came across a specific tincture of opium used for reducing pain known as Laudanum, which remains available by Rx
- 1806 – Morphine is isolated from Opium. He named it after the god of dreams, Morpheus
- 1853 – the hypodermic needle was invented, and was at first used exclusively for the administration of morphine and other preparations of Opium
- Post-Civil War– because such a large number of soldiers became addicted to the opiate given to them for battle injuries that the post-war morphine addiction prevalent among them came to be known as the “Soldier’s Disease.” America’s first opioid epidemic
- 1898– Heroin was synthesized as a derivative of morphine. It was specifically advertised by Bayer as a “non-addictive” substitute for morphine

HISTORY DOESN'T REPEAT ITSELF, BUT IT OFTEN RHYMES: PURDUE PHARMA

- 1972– Purdue, who had developed a slow-release technology for an asthma medication, was approached by a renowned Hospice Doctor to create a time-released morphine pill so that patients dying of cancer could sleep through the night without an IV
- 1987– Purdue brought MS Contin to the US drug market. It quickly became the gold standard for pain relief in cancer care
- 1980s-1990s– The chronic-pain movement was burgeoning and advocating for opioids for noncancer conditions that can be debilitating. Much of the funding has been traced back to manufactures like Purdue
- 1995– OxyContin is approved by the FDA, Purdue represented time and again that its controlled release mechanism rendered the pill both effective and “non-addictive”
 - OxyContin advertised itself as lasting 12-hours but often only lasted 6-8 hours, creating a cycle of crash and euphoria that has been called a “perfect recipe for addiction”



BUYING A CULTURE SHIFT



- Purdue and other pharmaceutical companies pour millions into advocacy groups with names like American Pain Society and American Academy of Pain Medicine.
- These organizations began pressuring health regulators to make pain “the fifth vital sign”
- Sales Reps were told to downplay addiction risks even after it became known
- Purdue pioneered the strategy of providing kickbacks to each part of the distribution chain:
 - Wholesalers got rebates, Pharmacies got refunds on initial orders, Patients got coupons for 30-day starter supplies.
 - But it was Doctors who received the most attention. Free trips to “seminars” in lavish locations, lucrative speaking engagements, and constant bombardment of information in print and in person

FROM THE PHARMACY TO THE STREETS

- Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.⁶
- Between 8 and 12 percent develop an opioid use disorder.⁷⁻⁹
- An estimated 4 to 6 percent who misuse prescription opioids transition to heroin.⁷⁻⁹
- About 80 percent of people who use heroin first misused prescription opioids.



THE OPIOID EPIDEMIC: A NATIONAL CRISIS

- Every day, more than 115 people in the United States die after overdosing on opioids.¹
- As of 2015, an estimated 2 million people in the United States suffered from substance use disorders related to prescription opioid pain relievers, and 591,000 suffered from a heroin use disorder (not mutually exclusive).⁵
- The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.²

MUNICIPALITIES ON THE FRONT LINE



LANSING FIRE DEPARTMENT/ EMS



- For 2017, LFD estimates it incurred costs of at least **\$107,775**.
- From January 1, 2016, to December 15, 2016, Lansing Fire officials administered Narcan **243** times.
- From January 1, 2017, to December 16, 2017, Lansing Fire officials administered Narcan **342** times.
- As the demand for Narcan increases, so do the costs.
- Narcan administration is becoming less effective.
 - In 2017, nearly 40% of the Narcan incidences required more than one dose.
 - There were 10 incidents that required 4 or more doses to be administered.
 - “Dirty” Heroin. Fentanyl and other additives

*For the purposes of this presentation, all opioid reversal agents will be referred to as the generic brand name of Narcan

LANSING POLICE DEPARTMENT

- From 2015 through August of 2017, the Opioid crisis has cost LPD approximately **\$748,995.75**
- Responding to Overdoses alone has cost the Lansing Police Department **\$59,755.60** in estimated expenses and wages.

Lansing Police Surveillance Report

	<u>2015</u>	<u>2016</u>	<u>2017*</u>
Overdoses=	137	155	177
Deaths=	21	21	16
Narcan Saves=		6	10

* YTD= Jan 1st - Sept. 30th



LPD CASE EXAMPLE



- In 2010, LPD Special Operations began an investigation into the illegal prescription practices and medical fraud against medical personnel operating in and around Lansing.
- The investigation was a result of prescription pill overdoses that resulted in deaths, as well as information related to illegal practices associated to the medical businesses in the City of Lansing.
- A pattern was identified regarding fraudulent medical practices, which was the basis for a large, cooperative, federally-sponsored investigation.
- Complex case that blended together to uncover additional investigations.
- As a result of these investigations, the LPD SOS Unit contributed between 10,000 to 15,000 hours of investigative personnel time.
- The investigation found the accounts from the actual patients who were suffering from real disabilities and disease to be the real victims and the network of doctors and pharmaceutical companies combined actions to be deplorable.

Total Financial Estimate 2015-2017

TOTAL ESTIMATED HEROIN EXPENSES	
Description	\$ Amount
Overdoses	29,372.59
Overdose Investigations	2,4750
D/Sgt Phone Calls	10,020.48
Controlled Buys (monetary)	14,800
Controlled Buys (time)	35,520
PWID/Possession Cases	21,240
Search Warrants	156,036.45
QM Supplies	2,318.75
QM Time	7,392
Phone Dumping	3,600
Training Video	538.72
Detention	6,407.53
K9 Expenses	71,106.67
Total:	383,103.19

BENEFITS ESTIMATE	
Description	\$ Amount
Overdoses	29,372.59
Overdose Investigations	24,750
D/Sgt Phone Calls	10,020.48
Controlled Buys (time)	35,520
PWID/Possession Cases	21,240
Search Warrants	156,036.45
QM Time	7,392
Phone Dumping	3,600
Training Video	518.72
Detention	6,407.53
K9 Training Wages	58,866.67
Total:	353,724.44
Benefits Multiplier (1.0344)	365,892.56

The total estimated expenses plus the wages benefits gives a total estimated expense cost of \$748,995.75

383,103.19
+ 365,892.56
748,995.75



Total = \$748,995.75

UNDERSTANDING THE OPIOID LITIGATION

- Multidistrict Litigation (MDL) refers to a special federal legal procedure designed to speed the process of handling complex cases, such as air disaster litigation or complex product liability suits.
- There are State court actions, but Michigan has a unique Drug Industry Immunity Law (MCL 600.2946) that prevents residents from accessing the civil justice system if they were harmed by dangerous drugs approved by the FDA
- Hundreds of cases, including the one filed by the City of Lansing, has been consolidated in the Northern District of Ohio and assigned to Judge Allen Polster
- “People aren’t interested in depositions, and discovery, and trials,” he told a roomful of lawyers in that hearing. “And with all of these smart people here and their clients, I’m confident we can do something to dramatically reduce the number of opioids that are being disseminated, manufactured and distributed.”– Judge Polster

THE OPIOID LITIGATION: DEFENDANTS

- MANUFACTURERS
 - Campaign of Misinformation
 - Campaign to Normalize Widespread Opioid Use
 - Misrepresentation of Certain Products
 - Failed to Report Suspicious Orders
 - DISTRIBUTORS
 - Failed to Report Suspicious Orders
 - RETAILERS
 - Policy of Speed over Accuracy
 - Failed to Track and Report Suspicious Orders
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DECIDING WHETHER THE OPIOID MDL IS RIGHT FOR YOUR MUNICIPALITY

- Every municipality in the Nation has been affected by the Opiate Epidemic, but should you join the litigation?
- A “tobacco litigation” type of award is hopeful, but certainly no guarantee.
- Joining WILL require your municipality to do some leg work to demonstrate damages.
- Cost/Benefit Questions to consider:
 - How much money has been spent by the municipality that can be directly tied to the Opiate Epidemic?
 - How can our municipality prove what resources have been expended?
 - What are the routine record keeping and data collection practices? Electronically searchable or in boxes in some Indiana Jones-type storage?
 - Politics.

CALCULATING YOUR COSTS

- This epidemic isn't just impacting Police and Fire. Think critically about your costs!
 - Parks and Recreation
 - Increased maintenance costs associated with opiate paraphernalia
 - Human Resources and Community Development/Neighborhoods
 - Addiction, Treatment, and Rehabilitation Centers
 - Substance Abuse Prevention and Education Programs
 - Mental Health and Behavioral Facilities
 - Social Services
 - Family/Child Services
 - Courts
 - Specialized Court costs: drug court, increased security
 - Probation
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THE COST IS HIGHER THAN THE PRICE

- In just the last 3 years, at least **58** people have died from an overdose in the City
 - Impact on the lives and safety of all community members.
 - Increased crime and traffic accidents.
 - Health and Safety risks to our First Responders.
 - Mental and Emotional toll that this crisis is causing our First Responders.
 - Diversion of Resources.
 - A true purpose of this litigation, by the MDL Judge's design, is to obtain equitable relief before ever addressing the monetary costs.
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CHOOSING THE RIGHT LAW FIRM(S)

- There are many firms actively searching out Cities, Counties, and States.
- SO, who should you pick?
 - Reputation and Ability
 - Retainer Agreement
 - READ the Retainer Agreement, or even DRAFT the agreement
 - There are MANY firms offering the standard 1/3 recovery, with cost and fees
 - How are they going to calculate what recovery they get to keep?
 - Are they already involved in the MDL litigation with other clients?

WHAT TO DO NOW. . .

- Increase availability of Narcan
- Facilitate or create a Needle Exchange Program and/or Methadone Clinic
- Budget for increased training and counseling for Emergency Responders
- Targeted law enforcement operations
- Facilitate and promote support groups for those facing addiction and their families
 - <https://www.familiesagainstnarcotics.org/>
- Consider opting in to the Michigan Medical Marihuana Facilities Licensing Act (MMFLA)
- Talk with your Community

ADDITIONAL RECOMMENDED READING

- Dream Land: The True Tale of America's Opiate Epidemic, Sam Quinones (novel)
- Too Good to Be True, Michelle Huneven (short story)
 - <https://harpers.org/archive/2015/12/too-good-to-be-true/>
- The Secretive Family Making Billions from the Opioid Crisis (article)
 - <https://www.esquire.com/news-politics/a12775932/sackler-family-oxycotin/>
- The tiniest addicts: How U.P. babies became part of opioid epidemic (article)
 - <https://www.freep.com/story/news/local/michigan/2018/05/03/opioid-epidemic-drug-addicted-babies/335398002/>