Heroin Epidemic in Wood County

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Heroin Epidemic in Ohio

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Abstract

The heroin epidemic has been a major problem not only locally or in the state of Ohio, but throughout the nation. This has caused thousands of people die in the past few years, and this problem needs to end. There a number of factors that have caused this problem, but this paper will discuss these as well as preventative steps after explaining a history of healthcare, a media analysis, and an ethnography of events attended. A brief history of healthcare, including Medicare and Medicaid, the Affordable Care Act, Social Security, and other various laws and practices, shows where the nation has come in terms of financing and availability of services as well to introduce the situation that is happening currently. The discussion of where the problem has come from the history of the problem, which includes the lobbyists and millions of dollars the pharmaceutical company obtains. The media analysis will explain how the news and other sources of media can bring forward a topic of social justice to the audience. Finally, the preventative steps that need to be done must come from the problem at hand, which stems the pharmaceutical company as well as reducing stigmatizing towards those who are facing addictive disorders and creating coalitions in order to educate the public about the problem at hand.

Introduction

On August 25, 2016, The Columbus Dispatch’s reporter, Alan Johnson, covered a story regarding the drug epidemic that is happening all across Ohio. The article, “Drug overdose deaths pushed to another record high in Ohio,” discusses the statistics of the issue that is happening in the state including that nearly every few hours on average during the year 2015, someone has died from a drug overdose. In addition, last year, over 3,000 people died in Ohio from fentanyl, an opiate that is often mixed with heroin. Heroin caused most deaths, but other
drugs included prescription pills, alcohol, cocaine, methadone, and many others. The typical age of people who are the most common fentanyl victims are those between ages 25 to 34. This problem is causing many young deaths in the state of Ohio.

While the death and use of opiate has dropped in the past year, there are still very high numbers of individuals who are overdosing from the prescription pain medication. Nevertheless, there are still those who are working in coalitions in Wood County in order to help stop this epidemic locally. However, there are those who believe progress is being made about the issue. Governor John Kasich explained that he “believe[s] we’re making progress” and that “we’re doing everything we possibly can. We’re not looking the other way. We’re not putting our heads in the sand” (Johnson, 2016, p.2). Just as our governor explained, we are not giving up this fight. With the many events attended over the past month, it is evident that this social problem is definitely being handled, but there is still a long way to go if people want to end the epidemic. With the research conducted on the problem, it is my personal stance that the heroin epidemic needs to be eliminated entirely from not only our county, not only our state, but the nation entirely.

History of Healthcare

Healthcare began with medical breakthroughs began in the 20th century with the development of antibiotics, immunizations, and advanced surgical technologies. However, there were also advances in public health, such as modern plumbing that improved the health of populations around the world. These began with reforms in the 19th century, and heavily based on the English’s approach to community health. These reforms included sanitation in urban areas, government tracking of vital statistics, and local regulation on waste drainage as well as purification of drinking water. This eventually led to the Public Health Act, which established
local boards of health throughout the nation and focused more on local efforts opposed to
national ones. These local boards dealt with water supply, sewage, management of cemeteries,
control of “offensive trades,” such as prostitution, and other investigating conditions affecting
community health. There were some cases, however, in which the U.S. government was
involved.

The Marine Hospital service addressed the healthcare needs of seamen and the Treasury
Department initially ran the operation. Other federal government involvement included early
attempts to control epidemics on immigrants, which created the National Quarantine Act, giving
the Marine Hospital Service authority to inspect immigrants from diseases. Federal involvement
continued to expand in public health through the establishment of the National Board of Health
along with the development of immunizations, with laboratories added to local health
departments with staff performing diagnostic tests, conducting research, and distributing
vaccinations to community physicians. The U.S. government continued their involvement with
the creation of the Public Health Service, Children’s Bureau, and the Department of Veterans
Affairs in the 20th century. Together, they introduce the role of federal government in healthcare.

Current Policies

The U.S. government finances or delivers healthcare to nearly one-third of the American
population by using federal funding to pay for care delivered by non-governmental providers.
The financing of healthcare by the government began in 1963 with only 56 percent of the elderly
having hospital insurance. Efforts did begin earlier with the American Association for Labor
Legislation campaigning for insurance to cover workers and their dependents between 1890 and
the 1920s. However, the American Medical Association opposed this causing the campaign and
organization to be defeated. However, the 1965 passage of the Titles XVIII (18) and XIX (19) of
the Social Security Act established Medicare and Medicaid despite the objections of the American Medical Association. Since then, Medicare and Medicaid have become major sources of revenue for health and allied-health providers, causing tremendous growth in the healthcare industry while providing access to care for the poor, aged, and disabled.

Medicaid finances care for low-income Americans and the states and federal government jointly fund it; however, the states manage it. At the time of its creation, there was little involvement in healthcare for low-income Americans. Medicaid promised that soon this population would have access to mainstream medical care since it was believed healthcare was a basic right. A statistic shown in 2009 claimed that according to the U.S. Department of Health and Human Services, during the first 30 years, the population covered by the program expanded with 20 percent of the U.S. population enrolled in the program during some point in 2006. However, the beneficiary pool expanded with the costs associated with Medicaid increasing dramatically. With this growth, matching funds consumed a greater share of state budgets. Although this was not entirely due to increased enrollment since it was found that only one-third was due to the growth of enrollment, but instead it was due to the rising cost of healthcare.

Medicare provides coverage for those who are elderly or disabled, and is managed exclusively by the federal government unlike Medicaid. Policy makers and staff to congressional committees initially saw this as the first step toward national health insurance. Costs in Medicare have increased, but cost-containment measures have caused reductions and freezes in provider payments. However, this has led to many physicians declining to accept Medicare patients. In the late 1990s, there was a major concern for the financial status of Medicare Part A, which covers inpatient hospital care, skilled nursing facility, hospice, lab tests, surgery, and home health care. This was because initially the Hospital Insurance Trust Fund, which funds Part A, predicted that
this would be depleted by 2001, so efforts were created to reduce Part A costs. The economic
growth in the late 1990s caused the estimate to change from 2001 to 2029. However, the Great
Recession changed the estimate again in 2009 to be depleted by 2017. However, the Affordable
Care Act changed this and in 2012, the estimate shifted to 2026.

President Barack Obama enacted the Affordable Care Act, or the ACA, on March 23,
2010. This was the biggest overhaul of healthcare since the passage of Medicare and Medicaid in
the 1960s. The intention of the ACA was to increase health insurance quality and affordability,
lower uninsured rates, and reduce costs of healthcare. The law then required insurers to accept all
applicants, and cover a specific list of conditions as well as charge the same rates of regardless of
pre-existing conditions or gender. Center for Disease Control and Prevention reported that the
average number of uninsured during January to September 2014 was nearly 11.4 million less
than the average in 2010. The ACA has private and public insurance, and private healthcare,
unlike a single payer system, which is one party, usually the government, responsible for paying
health claims. Private insurance is obtained by one’s employer or purchased, and the company is
responsible for paying the healthcare claims. While public opinion began very negatively, it was
found that in 2015 more Americans approved of the ACA than disapproved.

Since the creation of Medicare, the practice of medicine has changed with prescription
medications, with them seen as an important resource to prevent and delay onset of conditions
that otherwise would be costly to treat. Physicians realized this, and that resulted in the out-of-
pocket costs for drug use rising dramatically not only for those with Medicare, but prescription
medications in general. The pharmaceutical companies argue that the price increases are
necessary to support research and development to bring new drugs to the market, but critics
believe it is due to the advertising by drug companies because it takes at least ten years to
develop a new drug, and the typical monopoly period on an existing drug is also ten years. Critics also believe this may be attributed to the pharmaceutical industry’s presence in Washington, D.C. In 2001, it was reported that there were 625 registered lobbyists and a $197 million budget for lobbying and campaign contributions. This is the largest of any U.S. industry, with their profits exceeding oil and investment banking industries. Today, the pharmaceutical industry averages 1,350 lobbyists per year in all fifty states.

**Media Analyses**

On March 24, 2016, reporter Caitlin Owens wrote the article “Why Prescription Drugs Aren’t Part of Obamacare,” and explains the reasons as to why the price of prescription drugs are so high today in our country. The Affordable Care Act left the pharmaceutical industry unregulated due to a deal with PhRMA to get them to support the legislation, but this has now led to the high costs in medication. According to Owens, drug spending went up recently in 2015, hitting $474 billion, and “in 2014, the cost went up 12.6 percent from the year before.”

There have been recommendations to give Medicare the ability to negotiate drug prices and increase market competition, such as allowing U.S. consumers to buy prescription drugs from Canada for much cheaper. However, PhRMA claims this plan would “turn back the clock on medical innovation and halt progress against the diseases that patients fear the most” resulting in fewer new treatments and jobs cut. Medicare and Medicaid also are not allowed to negotiate prices under federal law; therefore, they must pay whatever price the drug makers charge.

Even with the high cost of prescription drugs, there are still many people being overprescribed prescription pain medication, which can eventually lead to addiction. In the Daily Caller, reporter Eric Lieberman wrote on September 19, 2016 the article titled “Big Pharma Spends Millions Lobbying, While America Struggles with Opioid Epidemic.” The article
explains that there have been copious amounts of money for lobbying against state laws aimed to restrict the amount of prescription opioids because they are “reaping enormous profits from aggressive prescribing.” With opioid and heroin addiction a serious problem in the United States, it is surprising that physicians are so reluctant to prescribe these drugs to patients when they can be so easily addicted. However, one doctor explains, “opioid analgesics can be useful in patients with neuropathic pain.” This does not compensate for the 2.1 million people in the United States suffering from substance use disorders related to prescription opioid pain relievers and the 467,000 addicted to heroin. There is also little evidence that suggests these medications can be helpful. The pharmaceutical industry claims that they care a lot about the addiction problem, but in 2007, several of its executives pled guilty to purposefully misleading doctors, patients, and regulators about the drug’s addictive and abusive risks.

With doctors overprescribing very addictive medication, it is not surprising that individuals in the United States are suffering from substance use disorders caused from opioids. The disease of addiction can be powerful, and with the prices of prescription drugs continuing to rise to astronomical amounts, this could cause those who continue to pay more money for the medication. Even if they cannot receive it from their physician, they may go to the streets to receive more of the drug, which can be even more dangerous. While not everyone knows how serious of a problem this is for those in our community, there are those who are taking preventative and proactive steps towards eliminating this problem.

On August 30, 2016, reporter Amanda Fay covered a local story titled “School resource officers trained, will not carry Narcan.” The story explains the severity of the heroin epidemic in Northwest Ohio, and that the newest effort to fight the epidemic in the local county’s schools is that officers are now trained to use Narcan, a drug used after someone has overdosed from
opiates, such as heroin. Michael Wright, a Deputy Sheriff with the Lucas County Sheriff’s Office as well as a school resource officer at Springfield Middle School, explains that this is not just for the students of the schools, but also people who are visiting as well since those who suffer could be as old as ninety years. While some people believe it may just be happening in local places such as schools, it is also prevalent as people are driving. Another reporter, Allie Hausfeld explains in her article, “DART officers offer naxolone training” that individuals use heroin in their vehicles. While it the first response to someone who has done this should be to call 911, DART leaders are suggesting that being able to react and administer naxolone, a drug that reverses the effects of heroin overdose, is just as important as being able to administer CPR. Another article titled “Ohio State Highway Patrol now carrying Narcan on Duty,” written by Frankie Jupiter supported this by explaining that there is a new training and new tool to receive lifesaving help to heroin users, which is Narcan spray. The officers take the spray with them when they leave for duty in case they find anyone who has overdosed on the drug.

Throughout media analysis, it has been found that the use of media allows readers and audiences to learn more about the issue that is happening very close to home. It raises the social justice issue and allows people to learn more about the problem in order to become informed members of society. Not only this, but they can learn ways that they can help with the problem. One of these ways may be to attend particular events.

Ethnography

On September 30, 2016, there was an Opiate Task Force meeting at the Wood County Educational Service Center. The purpose of this coalition is to stop the heroin epidemic that is happening in the state of Ohio, but this particular committee is beginning with ending it in Wood County. People from various mental health agencies in Wood County attended, and the agenda
included discussing recaps of events and community outreach as well as suggestions for future events along with any problems, concerns, or successes regarding each mental health agency attending. Some of the events the Opiate Task Force has had included the Heroin and Opiate Awareness Town Hall Meeting at Bowling Green State University, and the Ohio vs. Addiction Walk in Bowling Green, Ohio.

The Heroin and Opiate Awareness Town Hall Meeting had individuals from the community as well as students of the university. There were also various vendors from local mental health agencies in attendance, and everyone in attendance seemed to be engaged with not only the vendors, but also the speakers who later spoke at the event. One of the speakers, Andrea Boxill, the Deputy Director of the Governor’s Cabinet of the Opiate Action Team, was very energetic, passionate and knowledgeable on her presentation, which included the history of the epidemic as well as statistics to show the audience the effects of the epidemic in Ohio. During this presentation, it was discussed that Ohio is the second in the nation with overdose deaths, and that while an epidemic like this has happened before, this is the first time that the primary victims are white young people. Boxill also addressed that while most people believe that drugs come from the street, over half the pills abused are actually coming from family and friends.

Matt Bell, President and Co-Founder of Team Recovery did the second presentation. He completed a personal testimony, explaining that he came from a middle class family, was heavily involved with sports, went to good, small school as well as church, but after he hurt his knee playing college baseball and was prescribed large amounts of pain medication, which he eventually became addicted, leading him to heroin. He is now in recovery, and reaches out to other individuals through his organization Team Recovery to help individuals fight against addiction.
The Ohio vs. Addiction Walk was held outside of the Stroh Center in Bowling Green, Ohio. A variety of people attended varying from mental health agency employees to people recovering from the community to community members. The mood for this event was very exciting as everyone was dressed in fun gear for the walk that would take place later that day, but also somber as there were community members there who had relatives who had passed away due to their addiction to heroin. There was one older man who had a relative who passed away due to the addiction. He had a shirt on with a picture of a young man on it with two dates and the word “remembrance.” He explained that he comes to events like this to talk to people about his son who passed, and educate those that recovery is possible. Later in the event, speakers came and spoke about their personal stories, the effects opiates and heroin has had on the community, and opportunities for recovery that are available. One individual read a poem that explained that while he is not addicted himself, the disease affected him too and that heroin was all he thought about since his son was addicted to it.

These two events held by the Opiate Task Force in Wood County have shown how this epidemic can affect fellow neighbors and community members easily. While sometimes the media portrays it as a simple statistic, actually going to these events has shown that this epidemic is happening right outside one’s door. These preventative steps taken can help to elevate the situation that is happening currently with opioids. However, there may be further solutions that are possible to stop this from occurring all together.

**Necessary Policy Changes**

Policy interventions recommended after analysis include dissolving the root of the problem, which is the pharmaceutical industry. With all the compensation they are receiving, they should be responsible for paying money towards the mental health agencies that are using
their funds in order to help those recover from their addiction. Not only should this happen, but they should not be able to have as many lobbyists campaigning for them to receive more money towards their business as well. This would cause the lobbyists to slow down the aggressive campaigning and allow the restriction of the amount of prescription opioids, eventually dissolving it altogether. This could help to elevate the situation entirely.

Coalitions need to continue in order to stop this problem from happening because it allows those who may be unaware of the issue to be able to learn more about it. Not only will they learn the statistic jargon about the issue, but also personal testimonies of the problem. In addition, giving valuable information as to how to take effective steps as an individual, such as not accepting high doses of prescription medication from physicians, is important, too.

While this is happening, it is important to continue advocating for those who are also facing the stigma of addiction and teach community members that it is unnecessary to stigmatize others facing a substance abuse disorder. As research shows, those who are having the addiction problem of heroin are white, middle-class people between the ages of 24 and 34, and not the stereotypical individuals such as those who are homeless or unemployed. Teaching those who are unaware of the problem may shed some light on the issue and allow those to learn more about ways that they can help their fellow neighbor who is addicted.

Qualitative Methods

The reason I began this endeavor to learn more about the heroin epidemic steamed from an assignment in my Master of Social Work course. My professor, Dr. Heather Sloane, wanted us to become more politically engaged in the semester. I had always had a passion for mental health, so I reached out to the folks of the National Alliance on Mental Illness of Wood County, or NAMI Wood County in order to learn more about some of the coalitions of which they are
apart. I spoke to the Executive Director, Jessica Schmitt, she told me about the Opiate Task Force, and thus I became more involved with resolving the issue of the Heroin Epidemic. As part of class as well, we were required to complete media analyses and since I was attending meetings and events of the Opiate Task Force, I based those on anything related to the Heroin Epidemic, which unfortunately, it is covered heavily in the news. Overall, I felt that the experience was very informative and eye opening to something that was happening in my community that I was completely unaware. I learned so much about the preventative steps and actions that can be taken, to not only stop individuals from becoming addicted, but also helping them in the case that the disease is already affecting them. Not only did I learn from media and the coalition meetings, but also from analyzing policies that are in place. Learning about the pharmaceutical industry opened my eyes to a completely new way of critically thinking, and made me question the values of the industry as a whole. Overall, my overall experience in this was a positive one, and my hope is that I continue to fight the battle of addiction as a whole throughout my social work career.

**Conclusion**

In conclusion, the issue of opioid addiction is a serious problem overall in the United States. By learning more about preventative steps locally, people are able to make a difference in stopping this epidemic from continuing to spread. It is important to use the media and coalitions as resources to not only stay informed about the issue, but also continue to advocate for it and empower those who are addicted that they will not become a statistic, but instead will overcome the addiction.
References


