

## **We pay to create, treat opioid addiction**

Sen. Peter Mills

Anyone who has tried to give up drinking coffee or smoking cigarettes knows at least a little about chemical dependence. These daily habits we fall into can slowly gain possession of our minds and bodies in ways that are surprisingly insistent.

They can't compare, however, with narcotic drugs that can take control over a person's life like nothing else on earth.

Legal narcotics are sold under many brands -- OxyContin, Percocet, MSContin, Darvon, Vicodin, Lortab, Dilaudid, Demerol and methadone, to name a few. All are known as "opioids," which are real or synthetic derivatives of opium. **All are potentially addictive.**

In recent years, these have become household names found in the medicine chests of many homes. They are prescribed in generous doses to patients after surgery. They are freely given -- as they often should be -- to those afflicted with terminal cancer.

**That's because, during the 1990s, medical studies -- some of them funded by drug companies -- encouraged medical providers to turn to powerful opioids like OxyContin. Opioids are cheap and easy to prescribe and Medicaid will pay for them.**

About 10 years ago, though, in addition to using them for treatment of surgery patients and those with cancer, doctors began to prescribe opioids to patients with chronic muscular or nerve pain, to people with low back and neck ailments and to those with disc injuries, migraines and arthritis.

Surveys reveal that between 10 percent and 20 percent of all adults suffer from chronic, non-cancerous pain, often for indefinite periods of time. So with encouragement from drug companies, many respectable medical providers expanded the universe of opioid users when they began to prescribe these powerful drugs as a remedy for most forms of persistent pain.

Unfortunately, an unknown number of opioid patients become physically dependent on the drugs and then addicted to them. Others divert them for street sale where enormous profits can be made. In Maine and elsewhere, the resulting epidemic of addiction is destroying the very fabric of our rural communities.

With recent experience, however, pain specialists have found that these drugs are less effective than was first thought -- and far more dangerous. The consequences are now dreadfully apparent. In Maine, 154 people died of drug overdoses in 2007, up from 34 just 10 years ago. We now see as many deaths from drugs as we see from auto crashes.

Equally tragic are the babies born to drug-addicted mothers: 316 were reported in Maine last year, mostly in rural areas. In Skowhegan, 17 babies began life in drug withdrawal, 88 in Bangor.

Because these drugs come from legal sources, many teenagers believe that it's OK to steal them from their parents and share them with friends. The truth is that teens are far more susceptible to addiction than adults.

**Once certain "chemical switches" are activated within a young brain, the craving lasts a lifetime. We have seen the same with cigarettes.**

While many addicts start in their teens, most of them begin as adult medical patients simply seeking pain relief.

Alternative remedies for pain such as physical therapy, bio-feedback and other treatments available through pain clinics are expensive and require intense patient participation. Our public and private insurance systems do not support them well.

Non-addictive analgesics like aspirin, Tylenol and Advil are not as strong as opioids and have their own side effects that sometimes show up over time.

Most opioids are paid for by MaineCare (Maine's version of Medicaid) or Medicare Part D (for the disabled and elderly). Thus, public money is being spent every day to create new addictions. When addicts finally resort to treatment, the treatment, too, is funded by taxpayers through methadone clinics and mental health services.

The public also pays dearly for the byproducts of the disease: thefts and burglaries, domestic violence, burdens on law enforcement, congested courts, appointed lawyers, crowded jails, extended probations, protective custody for neglected children, a compromised workforce and lost productivity.

**Thus, taxpayers are paying to create the disease as well as to treat it -- a disease that has no effective cure and can seldom be controlled. Prevention is the only hope.**

The Legislature will consider several bills this year to further constrain the use of opioids and to provide medical practitioners with better means for managing access to these drugs.

Despite legitimate concerns for the undertreatment of pain, fear of big-brotherism and anxieties about privacy rules, the state must do a better job of protecting its citizens from this systemic abuse and from the theft and manipulation of public resources -- particularly when power to curtail the abuse resides within state-funded medical programs.

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