



'I had a hell of a time finding parents who wanted to talk about it.'

— SAM QUINONES, AUTHOR OF *DREAMLAND* —
THE TRUE TALE OF AMERICA'S OPIATE EPIDEMIC

gene police officers carry narcotics identification kits or NIKs.

However, Hasselman says first-time offenders cited for possession have options. "Our first objective is to make sure they are afforded the opportunity to engage in treatment that would happen through Lane County Drug Court," he says. "When people successfully complete drug court by graduating, the charges are dropped and they never get probation, have their Oregon driver's license suspended, or serve jail time."

If a person opts out of going through drug court, the DA's office follows the typical prosecution track. "Possession charges can be class B and C felonies. A judge's authority is limited to felony sentencing guidelines, so simple possession charges can never go to prison for just possession, unless there are substantial quantities involved."

Webb knows several people who have been arrested repeatedly for drug use, and she's still learning the ins and outs of the drug court system. "I do have the thought that jail does nothing for addiction because I'm sure, just like any other jail, drugs are there already," she says.

RECOGNIZING A NATIONAL HEALTH CRISIS

As people continue sharing their stories — and as more information about overdose deaths becomes available — the nationwide conversation about the epidemic is slowly changing. In 2014, the CDC announced that overdose deaths have surpassed car accidents as the leading cause of accidental death in the U.S.

On April 4 of this year, Gov. Kate Brown signed House Bill 4124, which allows pharmacists to dispense the overdose reversal drug naloxone and "requires the Oregon Health Authority to disclose prescription monitoring information to practitioner or pharmacist." In February, President Obama requested \$1.1 billion to combat the opioid addiction problem.

Oregon Sen. Ron Wyden sat down with *EW* recently and expressed disappointment in the Comprehensive Addiction Recovery Act of 2016 (CARA), passed by the Senate earlier this year and the House on July 13, calling it a half measure. Wyden proposed two amendments to the bill — taking \$75 million set aside for drug manufacturers to continue making "abuse deterrent" pills and instead helping addicted pregnant women who enrolled in Medicaid, and more transparency on advisory panels that make prescription practices recommendations to the Food and Drug Administration. Both were voted down.

The bill passed, but Wyden says, "Congress shouldn't

be taking a victory lap." He adds that the efforts were largely driven by the right.

"Who are you going to give this money to?" he asks. "Women who are enrolled in Medicaid with limited means are struggling to fight addiction, get their lives back on track, or are you going to give a windfall to drug companies?"

Wyden says striking down both of the amendments he proposed "are to me reflective of how so often powerful special interests prevail against the public interest."

He says the next step to addressing this crisis is for citizens to contact their elected officials and make their voices heard. "[T]here have been landmark studies at Johns Hopkins talking about how 80 percent of the people who are hooked to heroin and opioids who needed treatment couldn't get it, and I said I want everybody to know [that] under what the Congress just did last week, those treatment lines are not going to get much shorter."

The senator says enforcement alone does not eliminate addiction. "You've still got a person in the community whose addicted, so you have to make the three parts work in tandem: There is enforcement — important role for it — but treatment and prevention are equally important, and if you don't put the pieces together you're not going to have a good strategy."

Wyden also wrote a letter to the president of the National Academy of Medicine regarding two members of its advisory board who had links to opioid manufacturers. According to the Associated Press, four members of the panel were dismissed for having ties to the pharmaceutical industry because its members are supposed to be properly "vetted for financial ties that can influence their judgment." Wyden says, "They have removed a handful of people from at least one of the advisory boards and it's largely attributed to the pressure that we put on them."

According to CDC spokeswoman Courtney Lenard, "Prescription opioids can help with some types of pain in the short term but have serious risks." She says they are an important part of treating pain for cancer or hospice care. "However, studies are not available to indicate whether opioids control chronic pain well when used long-term."

Holton says, "For decades, doctors were told that there is little risk of addiction and much potential benefit for treatment of chronic pain."

He continues, "It turns out that is totally wrong — there is limited potential benefit, and a very significant risk of long term dependence."

Dr. Paul Coelho, who works in pain management in Corvallis, says Holton is absolutely right. "Over the ensu-

ing 25 years we've seen opioid overdose deaths, addiction and now heroin use rise to epidemic levels. It was a colossal mistake and we are paying for it now."

Coelho says "PHRMA definitely played — and continues to — play a role in the opioid crisis." He refers to the Pharmaceutical Research and Manufacturers of America and the 2007 *New York Times* article that covered the \$600 million settlement in which Purdue Pharma paid in fines for "misbranding" OxyContin and pled guilty to "criminal charges that they misled regulators, doctors and patients about the drug's risk of addiction and its potential to be abused."

Coelho also refers to a \$1.1 million settlement reached in Oregon in 2015. Insys Therapeutics was accused of "deceptive marketing and improper payments" to sell fentanyl, according to *The Oregonian*.

"Simply put, it is more lucrative for PHRMA to pay off-label marketing sanctions than to risk designing and performing a randomized trial that could disprove that opioids have utility for chronic non-cancer pain," Coelho says.

The new CDC guideline suggests treating patients with nonpharmacologic therapies like cognitive therapy and exercise and to incorporate those therapies when opioids are prescribed. The new prescribing rule, "start low and go slow," recommends that doctors begin with the "lowest effective dose."

According to the new CDC Guidelines for Primary Care Providers, "Studies show that high dosages (≥ 100 MME/day [morphine milligram equivalents]) are associated with 2 to 9 times the risk of overdose compared to less than 20 MME per day."

Before Webb became dedicated to decriminalizing homelessness, she says, she thought people living on the streets were just lazy. "I lived comfortably above the poverty line until drugs came into the picture," she says. "I found it wasn't so easy for me to get a job once I had a drug habit."

She walks through downtown Eugene to get to work and says she used to joke that the streets were her office. She says she's been practicing being a peer-support specialist before she trained as one. "Often times I walk around handing out water and granola bars just to get familiar with new people."

September will mark two significant events for Crystal Webb — she'll be celebrating two years in Eugene and two years of being clean.

"I consider Eugene a healing town — if you want to get healthy you can do it here; you just have to not be afraid to ask for help." ■