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THE RISING TIDE OF OPIOID ADDICTION

By Matt Harkin



Without a doubt, methamphetamines have been the most problematic street drug we have dealt with over the past 20 years. Iowa communities and law enforcement have made great strides to reduce the occurrence of propane tanks with corroded valves and HCL gas generators tossed in ditches and dumpsters all over the state.

By in large, this is thanks to the pseudoephedrine law, yet the National Institute on Drug Abuse (NIDA) states methamphetamine use continues to slowly increase. In recent years though, Iowa has seen a dramatic increase in opioid abuse. The trend, quite literally, is migrating west and will likely cost communities more dollars to combat and more lives lost than the war on meth.

Communities east of the Mississippi have been dealing with heroin problems for decades, but it was rarely seen here in central Iowa. From 2009 through 2014, Iowa Division of Narcotics Enforcement (DNE) seizures of heroin increased over 200 percent with most of the increase seen east of I-380. During the same time, Des Moines noticed only a marginal increase. The Iowa Division of Criminal Investigation (DCI) lab tracked the increase by county, and the unfortunate leaders were Dubuque and Scott Counties.

The paradigm of the heroin addict is changing with its increased use. This is due in part because of the dramatic rise in prescription opioids used, legitimately or not, for pain control. Unfortunately many patients prescribed these powerful pain relievers will become addicted. Just as serious is the prevalence that someone in their home may become addicted, and many of these addicts will be teenagers.

The Iowa Partnership Attitude Tracking Survey (PATS) states that 24 percent of Iowa teenagers report having misused prescription drugs at least once in their life; 1 in 5 of those have done so by age 14, and 23 percent of those claim their parents would not care as much if they were caught with prescription drugs compared to street drugs. Possibly the scariest statistic from the survey is that 20 percent of respondents do not believe prescription pain relievers are addictive. More and more addicts start with a Percocet or OxyContin prescription, which develops into an addiction. Then they find that heroin is both cheaper and easier to get than prescription opioids.

According to the Center for Disease Control (CDC), prescription drugs, including opioids and antidepressants, are responsible for more overdose deaths than street drugs, such as cocaine,

heroin and methamphetamines. In Iowa since 2000, drug overdose deaths related to opiates, opioids and heroine have increased over 1,100 percent.

The CDC reported that prescription rates for opioid pain relievers vary dramatically by state. The eastern seaboard states have the highest prescription rates and are also the states where the heroin problem is the worst. Dr. Tom Frieden, director of the CDC, stated, "The number of prescriptions written in the U.S. for opioid painkillers is enough to supply every American with a bottle of pills." I cannot think its coincidence that the prescription opioid rates and heroin rates mirror each other, and I wonder why physicians continue to dole out these drugs of abuse with what seems like little regard for their potential for addiction.

The opioid problem has caught the attention of politicians across the states, including the current presidential candidates. Some of their solutions range from, of course, increased border security to educating doctors on the signs of opioid addiction and how to recognize drug seekers. It seems simple to me to recognize the classic drug seeking behavior. I'm sure many of us can be fooled but with the education and training doctors receive, why do they miss so many the people we see overdosing on opioid pills? I believe that if they spent a little more time interacting with patients instead of getting them in and out as fast as they can, they could have a dramatic effect on the prescription side of the problem.

In Iowa, about half of heroin addicts entering treatment started their addiction with prescription opioids. Many describe leading normal and productive lives, then needing legitimate pain medication for an injury or illness and falling into the dependency cycle. They doctor shop and feign other illnesses and injuries, often ending up in the ER seeking a fix. Many soon discover that heroin is cheaper and easier to get on the street and continue the downward spiral of addiction.

As cops, we know the related crimes that go hand in hand with drug addicts. What many don't think of is the economic costs of addiction. Sources differ but the minimum ER visit for drug seekers costs about \$2,500. You and I pay for that. Either through insurance or through state paid benefits. I cannot fathom the true cost of the medical fraud committed by these addicts. Not to mention the burglary, theft and forgery.

In Des Moines from 2010 to 2014, medic calls for overdose increased 34 percent. We know from experience that often the overdose scene is cleaned up prior to our arrival, so it is difficult to determine what substance was involved.

In Madison, Wis., a city the same size of Des Moines 300 miles away, the opioid problem has truly become an epidemic. In 2000, Dane County Wis., (Madison), had 15 overdose deaths. In 2013 they had 73 overdose deaths, and 72 percent of those had both heroine and prescription opiates in their system. The Dane County Narcotics Task force now spends over 60 percent of their resources on heroin cases.

In rural central and southern Indiana, heroin and opioid IV use has become so bad that they have seen an explosion of HIV cases. Austin, Ind., a town of 4,200, now has a higher HIV rate than "any country in Sub-Saharan Africa," said Frieden. "They've had more people infected with HIV through injection drug use than in all of New York City last year." He states that treating those infected in the outbreak will cost more than \$100 million.

That tide is coming our way.

I know I have thrown out a lot of statistics for a short article, so here come the puns. If your department is not spending some specific time and resources to combat the rising tide, you are going to be behind the eight ball and I'm not just talking smack.

This problem is causing a dramatic increase in overdose and death which costs us all — from the fabric that ties our communities together to the dollars spent in the emergency room. These are real lives and real dollars. It is the unfortunate reality of law enforcement that we act in response to events. If we wait for these events to spiral out of control, we will all pay a high price.

Iowa needs to get ahead of this problem. To do so, the following professions need to get on the same page: doctors, pharmacists, treatment centers, EMS, medical examiners, law enforcement, the courts and the community. Incarceration alone does nothing to stop the cycle of addiction. It took Madison five years to get a team of professions together to start combatting the opiate problem. Cedar Rapids recently got stakeholders together to work for solutions. I pray the rest of Iowa gets ahead of the problem because the tide is rising.

Please visit the Iowa Office of Drug Control Policy website (iowa.gov/odcp) for more information.