

We are here to talk about prescription drug addiction and the heroin deaths that have recently affected our community. Harmful health consequences resulting from the abuse of opioid medications that are prescribed for the treatment of pain, such as Oxycontin[®], Vicodin[®], and Demerol[®], have dramatically increased in recent years. It is estimated that 2.1 million people in the United States are suffering from substance use disorders related to prescription opioid pain relievers in 2012 and an estimated 467,000 individuals are addicted to heroin. Between 1999 and 2010, sales of opioid medications like Vicodin, Percocet, and OxyContin—quadrupled, as did unintentional poisoning deaths from prescription opioids. People often assume prescription pain relievers are safer than illicit drugs because they are medically prescribed; however, these drugs can result in severe adverse health effects including addiction, overdose, and death, especially when combined with other drugs or alcohol. Research now suggests that abuse of these medications actually opens the door to heroin use. Nearly half of young people who inject heroin surveyed in three recent studies reported abusing prescription opioids before starting to use heroin. These individuals reported switching to heroin because it is cheaper and easier to obtain than black market prescription opioids. Pharmaceutical companies have been pushing and making money on these drugs. In 2007, Purdue Pharma pleaded guilty in federal court to criminal charges that they misled doctors, patients and regulators about OxyContin's potential to be abused. By 2010, the United States, with about five per cent of the world's population, was consuming ninety-nine per cent of the world's hydrocodone (the narcotic in Vicodin), along with eighty per cent of the oxycodone (in Percocet and OxyContin), and sixty-five per cent of the hydromorphone (in Dilaudid).

These effects have come about because of two rather small scientific publications, and the subsequent use of these studies by Pharmaceuticals companies. The first, a hundred-word letter to the editor published in 1980 in the *New England Journal of Medicine*, reported that less than one per cent of patients at Boston University Medical Center who received narcotics while hospitalized became addicted. The second, a study published in 1986 in the journal *Pain*, concluded that, for non-cancer pain, narcotics "can be safely and effectively prescribed to selected patients with relatively little risk of producing the maladaptive behaviors which define opioid abuse." The authors advised caution, and said that the drugs should be used as an "alternative therapy." They also called for longer-term studies of patients on narcotics. We are still waiting for those to be performed.

At the same time, the companies that manufactured these narcotics—including Purdue Pharma, Johnson & Johnson, and Endo Pharmaceuticals—began to aggressively market their products for long-term, non-cancer pain, including, joint, neck and back pain. They promoted their prescription narcotics to doctors through ads in highly regarded publications, and through continuing-education courses for medical professionals. They also funded non-profits such as the American Academy of Pain Management and the American Pain Society. The American Pain Society published guidelines that advocated for doctors to expand their use of prescription narcotics to relieve pain. These steps by drug companies created legal opiate addicts. Subsequent restrictions placed on doctors to limit the duration of prescriptions have turned this cross section of our community into illegal heroin users.

Meanwhile, Mexican drug lords in the Sierra Madre, have taken fields traditionally planted in marijuana crops, and turned to the opium poppy for a new cash crop. They have contracted with Colombian and Venezuelan groups to synthesize good white heroin from the opium, rather than the substandard Mexican brown. The switch from marijuana to poppy was caused by the medical marijuana and legalization laws passed in the United States. The facts certainly prove the liberal contention that legalization removes the black market by eliminating profit, but no one seems to be paying attention.

Instead, we get a cry for a new drug war on heroin. Years of research have shown that addiction to any drug (illicit or prescribed) is a brain disease that can be treated effectively. Treatment must take into account the type of drug used and the needs of the individual. Scientific research has established that pharmacological treatment of opioid addiction decreases drug use, infectious disease transmission, and criminal activity. If elected I will write legislation similar to California's Proposition 36 mandating drug treatment rather than jail time for first time offenders. Incarceration is four times as expensive as treatment. It destroys the lives of non-violent participants in consensual transactions. Incarceration does not rehabilitate. Prisons are training grounds for crime and perpetuate a brutal world view and mentality. As of 2008 there were approximately 2.3 million people in prisons or jails and a staggering 5.1 million people on probation or parole. Only 19% of them were convicted of a violent offense. To take one example, in Cook County Chicago 72% of criminal cases involve a non-violent drug charge and 70% of those charged were hit with a class 4 felony possession.

The war on drugs has succeeded in doing four things: destroying the fabric of our poor communities; curtailing everyone's civil liberties; making money for the industries who service the prison/industrial complex; and expanding the budgets of law enforcement agencies. According to a report released by the Department of Justice's Bureau of Statistics, the United States spent \$200 billion for police protection, detention, judicial, and prosecutorial services in 2006. Everyone in this room needs to realize that the prison system is an industry with people as its commodity. The State of Michigan alone spends \$2 billion dollars a year on corrections to house 50,400 inmates. We can no longer afford this gigantic waste of resources.

It's time for a drug policy that makes sense: treatment, not incarceration.

Peter Bormuth, Democratic candidate for Michigan's 64th House seat in 2016

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