

US study shows uninsured twice as likely to suffer from opioid abuse

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A new study issued Monday by the National Institute on Drug Abuse (NIDA) presents striking results from an analysis of the 2015 National Survey on Drug Use and Health in which the authors estimate that more than one in three US adults used prescription opioids in the prior year. Among these 92 million individuals, 12.5 percent (11.5 million) reported prescription opioid misuse and 0.8 percent (1.9 million) reported a prescription opioid use disorder.

The most significant findings of the study show that uninsured people were twice as likely as those with health insurance to report prescription opioid misuse and also had higher rates of use disorders. The study also revealed a link between mental health and opioid use, reporting that respondents with a major depressive disorder and those with suicidal thoughts had a higher rate of prescription opioid misuse and use disorders than those without these conditions.

Karen E. Lasser, an MD with the Boston Medical Center, wrote in an editorial in the *Annals of Internal Medicine*, which published the study:

The fact that uninsured persons were twice as likely as those with insurance to report prescription opioid misuse and also had higher rates of use disorders augments the urgency of expanding insurance coverage. With insurance, persons suffering from pain could seek medical care rather than relying on opioids prescribed for others or purchased illegally. Insurance would also enable persons with depression to seek appropriate care rather than self-medicating symptoms with prescription opioids. Insurance also facilitates treatment of substance use disorders.

Pointing to the pervasive social crisis in America that underlies the opioid epidemic, which saw opioid overdose deaths more than quadruple between 1999 and 2015, the

study noted that reported abuse of the drugs rose significantly among people with lower family incomes and those who were unemployed.

The significance of the study is underscored when considered in the context of the current political “debate” on the health care system. The fact that millions of Americans who have fallen victim to the opioid epidemic are unable to receive treatment due to lack of insurance is first and foremost an indictment of the Obamacare program, which was signed into law seven years ago. The health care overhaul, which has increased out-of-pocket costs for millions of working people, still leaves 28 million people completely uninsured. Many of those who do have access to health insurance under Obamacare are still at risk for prescription opioid use disorders and lack adequate coverage, if they are afforded any coverage at all, for drug rehabilitation.

As Lasser explains in her editorial, “Expanding insurance coverage is necessary but not sufficient to address substance use disorders and improve health outcomes. In fact, Han and colleagues’ data show that Medicaid beneficiaries and those with private insurance are also at risk for prescription opioid use disorders.”

Elaborating on the shortcoming of the current system, she continues: “Safety-net hospitals and clinics, which disproportionately care for uninsured and underinsured populations, will have difficulty increasing access to evidence-based pain management in response to the opioid problem. Safety-net settings often have low—or negative—profit margins, with fewer resources and services available, including specialty care that focuses on pain management. Moreover, many specialty providers do not accept patients with Medicaid and other forms of public coverage.”

The Obamacare system was not only completely unable to deal with the opioid epidemic, but played a leading role in exacerbating it. As the report notes, among adults with misuse, 59.9 percent reported using opioids without a prescription and 40.8 percent obtained prescription opioids

for free from friends or relatives for their most recent episode of misuse. The most commonly cited reason for seeking opioids was pain relief. Under the Obamacare system, hundreds of thousands of uninsured people were forced to take prescriptions from friends and family members or turn to street drugs to treat their pain. Many of those who were insured fell victim to reckless prescription practices that led to opioid abuse.

Additionally, treatment options are grossly underfunded and undercovered for Medicaid patients, leaving addicts with virtually no resources to fight their addiction.

Despite the evidence in the study and the many other indices that show the immense scale of the national health crisis, the health care debate in Washington is focused on slashing Medicaid, the program that provides addiction treatment to low-income people.

No faction of the ruling class, whether the Democratic pro-Obamacare camp or the Republican-Trump camp that wants to go even further in gutting health care for ordinary Americans, has any answer to the opioid epidemic that is ravaging the country, claiming on average 142 lives every day. Neither even acknowledges, let alone proposes a solution to, the devastation caused by 40 years of deindustrialization and social counterrevolution that have produced this crisis.

The same day as the publication of the NIDA study, President Trump's Opioid Commission issued a preliminary report advancing a series of recommendations ranging from absurdly inadequate to outright reactionary, including more funding and manpower for the Department of Homeland Security's Customs and Border Protection Agency, the Federal Bureau of Investigation and the Drug Enforcement Agency. Absent from the report was any reference to the desperate social crisis gripping wide swaths of the country that is driving the drug epidemic.

On the contrary, that very Monday morning, President Trump, in a brief photo-op preceding the first cabinet meeting with his new White House Chief of Staff, retired Marine General and former Homeland Security Secretary John Kelly, boasted of the success of the US economy, pointing to the record-setting US stock market boom, which is further enriching the financial oligarchy at the expense of the working class.

His Opioid Commission is led by right-wing New Jersey Governor Chris Christie. The commission was established by executive order shortly after Trump was inaugurated to create the illusion that the president is fulfilling his campaign promise to end the opioid disaster, a pledge that garnered support in the rust-belt cities and towns that have been hard hit by the drug epidemic.

The preliminary report of Christie's commission presents

the crisis as a result of misinformed doctors and seeks to shift much of the blame onto China, declaring, "We are losing this fight predominantly through China," adding, "This must become a top tier diplomatic issue with the Chinese."

Among the token measures proposed is a small-scale expansion of Medicaid coverage to allow for an increase in treatment capacity, ignoring entirely that the report is being handed over to a president who supports slashing nearly a trillion dollars in funding for Medicaid and ending it as a guaranteed entitlement program.

The causes of the opioid epidemic, along with drug abuse more broadly, are rooted deeply in the irreversible crisis and decay of American and world capitalism. The disastrous policies of the "War on Drugs" criminalized drug use, fueling the burgeoning private prison industry and disorienting public opinion. The profit-driven pharmaceutical companies implemented reckless practices, capitalizing on a growing demand for pain relief from an increasingly pain-ridden population. Above all, over the last four decades, the ruling class has created an immense social crisis through the plundering of social services, a vast transfer of wealth from the poor to the rich, and relentless wars abroad and militarism at home, leaving millions of working class people living on the edge of penury.

Lasser correctly draws the conclusion at the end of her editorial: "The action will need to come from clinicians as well as those outside the medical profession who can help to address the underlying issues of poverty, uninsurance and hopelessness that feed our current epidemic of opioid misuse."

The only force capable of solving the underlying issues driving the opioid crisis is the working class. Workers must not look to the Democratic Party or any section of the ruling elite to address the issues of health care, jobs, schools, retirement benefits or a living wage. The growing social anger and opposition must take the form of a politically conscious and independent movement of the working class implacably opposed to the ruling corporate-financial oligarchy and fighting for the socialist transformation of society.



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