

Substance Abuse in Georgia

What You Need to Know & What Georgia Needs

Opioids are a class of drugs used to reduce pain. They can generally be classified in three categories:¹

- **Prescription opioids** can be prescribed by doctors to treat moderate to severe pain, but can also have serious risks and side effects. Common types are oxycodone (OxyContin), hydrocodone (Vicodin), morphine, and methadone.
- **Fentanyl** is a synthetic opioid pain reliever. It is many times more powerful than other opioids and is approved for treating severe pain, typically advanced cancer pain. Illegally made and distributed fentanyl has been on the rise in several states.
- **Heroin** is an illegal opioid. Heroin use has increased across the U.S. among men and women, most age groups, and all income levels.

While opioids provide pain relief, they also cause physical dependence, respiratory depression, and euphoria.¹

In 2015 the opioid epidemic was responsible for 33,091 overdose deaths in the US, an increase from 28,647 in 2014. Data suggests that on average 90 people die every day in the U.S. from opioid overdose.¹

Opioids and Georgia's Children²

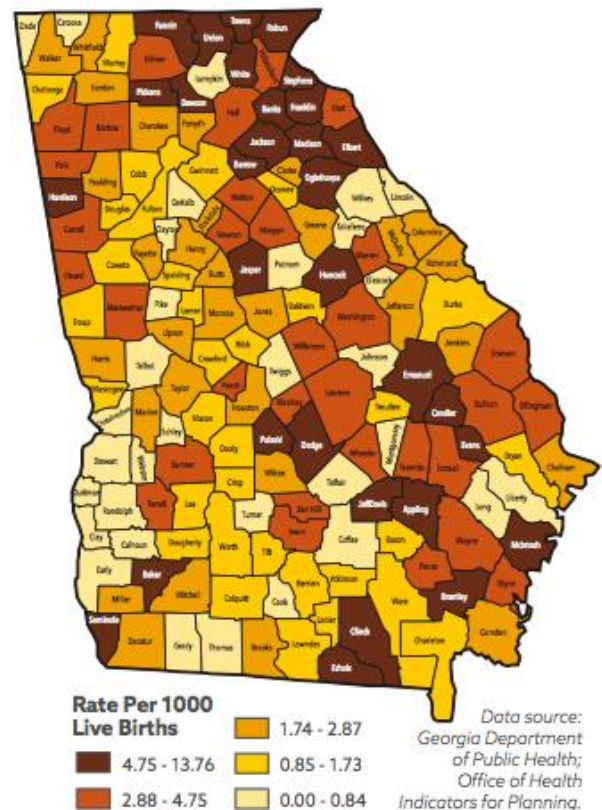
- Neonatal Abstinence Syndrome (NAS) is the set of withdrawal symptoms that a newborn can experience when the mother used or abused drugs during pregnancy.
- The long-term effects of NAS may include learning disabilities and delayed motor skills.
- Between 2010 and 2014 there were 1,365 Inpatient hospitalizations with a diagnosis of NAS. The average hospital charge for families with cases NAS was \$52,856 per baby.
- Between 2012 and 2016 the percent of entries into foster care related to substance abuse increased by 61 percent.³
- In 2015 drug abuse was the second leading cause for children entering foster care in Georgia.³
- In rural areas like Gilmer and Carroll counties 70 to 80 percent respectively of all cases of children being removed from homes were due to substance abuse.³

Recent evidence and research results have confirmed that the onset of addiction is a *pediatric disease*. In more than 9 of 10 cases addiction originates or is triggered by substance use before the age of 21, a period of rapid growth and development of the brain. Because of the vulnerability of the youth brain at this time, *any* use of alcohol, nicotine, marijuana, prescription drugs or other substances is risky.

Research indicates that it is no longer possible to dismiss adolescent experimentation with substance use in any form as unavoidable or harmless rites of passage.

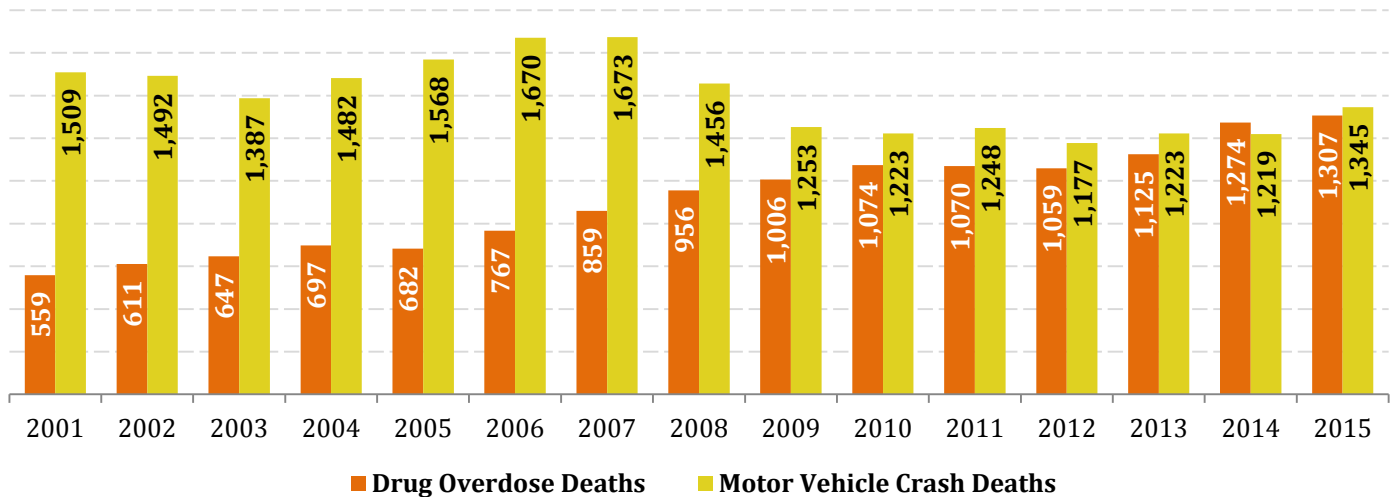
Inpatient Hospitalizations with Any Diagnosis of NAS

Georgia, 2010 – 2014²



More About Georgia and Opioids

Deaths Related to Drug Overdose and Motor Vehicle Crashes, Georgia, 2001 – 2015²



Georgia ranks in the top 11 states nationwide with the most prescription opioid overdose deaths.²

- Recent data from the Georgia Department of Public Health indicates that deaths related to drug overdose surpassed deaths due to motor vehicle crashes in 2014.
- Opioid overdose death rates including heroin in Georgia increased significantly in Georgia – from 0.6 to 5.5 per 100,000 persons – between 1999 and 2014.
- The rate of increase in opioid deaths in Georgia was much higher than the rate of increase of opioid deaths in the U.S. Sales of opioids also quadrupled in the U.S. between 1999 and 2014. Similar to national trends, deaths related to opioid overdose continue to rise in Georgia.
- The health care costs associated with opioid misuse in Georgia alone were estimated at \$447 million in 2007 with estimated per-capita costs at \$44. Given the increase in overdose deaths and misuse of opioids in Georgia over 11 years, some estimates indicate that health care costs associated with opioid misuse in Georgia have increased by 80 percent since 2007.

Georgia's Response

1. At the request of Governor Nathan Deal, the Georgia Pharmacy Board changed a rule removing naloxone, an emergency drug used to reverse opioid overdoses, from the dangerous drug list and rescheduled it as an exempt drug. Additionally Governor Deal directed the Department of Public Health (DPH) to issue a standing order to allow naloxone to be dispensed over-the-counter by pharmacists across the state.
2. The Senate Study Committee is recommending that the aforementioned executive orders from Governor Deal into permanent law and allow for the sale of naloxone over-the-counter at pharmacies across the state.
3. Additionally they recommend increasing funding and improving mechanisms to address neonatal abstinence syndrome (NAS), as well as improving provider education and training around prescribing opioids, especially for pregnant women, and educating patients on prescription drug use.
4. The Senate Study Committee also recommended increasing funding and wider promotion of substance abuse education with a focus on opioid use in schools and restoring some public health funds. This can be accomplished by creating and expanding prescription drug education programs which should target teens, young adults and parents.
5. Finally, the study committee supports efforts to improve the utility of Georgia's Prescription Drug Monitoring Program by: (1) mandating reporting by all prescribing physicians; (2) increasing funding to expand the ability of Georgia Drug and Narcotics Agency (GDNA) to review and make data available; and (3) developing an application that will allow the system to update its information every 24 hours.