

The Many Costs of DELAWARE'S OPIOID CRISIS

THE HUMAN COST of Delaware's opioid epidemic has become too well known to us in recent years. Over 300 Delawareans have died from overdoses in each of the last two calendar years. Delaware emergency room visits for overdoses have spiraled. Many law-abiding citizens have been drawn into criminal activity because of their addictions. The list of human tragedies goes on and on, and there are few Delawareans these days who do not know someone directly touched by the crisis.

Although the financial cost of the opioid crisis is secondary to the human cost, it is also impossible to ignore. The White House Council of Economic Advisors produced a formal report last year titled "The Underestimated Cost of the Opioid Crisis," which included cost burdens imposed on the private sector as well as those imposed on government. The Council of Economic Advisors' national estimate just for calendar year 2015 – and the crisis has only worsened since then – was \$504 billion nationally. Downsized to Delaware's population, that's about \$1.4 billion per year. Using one small subset of these costs that is familiar to employers – employee health insurance – the Kaiser Family Foundation recently released a report suggesting that private insurance costs dedicated to opioid addiction treatment have increased nine-fold since 2004. The numbers are staggering.



There are a number of worthwhile suggestions for getting this opioid crisis under control, and successfully fighting it will require a variety of different steps. But in my view, one essential element of effectively dealing with the epidemic is making available to Delawareans drug treatment that is of a type and duration that will get them well. We don't yet do that in Delaware (nor does any other state, as far as I can tell). And one area where we are particularly lacking is in the number of sober living and inpatient

treatment facilities where people with addictions can get well with an appropriate level of help and supervision. Not everyone needs to be in a sober living or inpatient program to successfully beat an addiction. Some people, especially with the aid of medications such as Suboxone and Vivitrol, can do so with the support of family and friends on an outpatient basis. But many cannot – and with 11,000 Delawareans struggling with addiction, we have fewer than 200 treatment and sober living slots available at any given time.

Again, there are other important areas of focus in addressing the opioid epidemic in our state, including continuing efforts to responsibly reduce the use of prescription opioids for patients who do not need them and efforts to expand the use of medication assisted treatment. But investing in sober living and inpatient residential treatment is a critical part of the equation. Will it cost the state money? Yes. But as noted above, an uncontrolled opioid addiction epidemic is costing the state far more. Should the federal government be doing far more to help us bear the cost. Absolutely. But we can't wait for that to happen. Because it makes financial sense, and much more importantly because we have a responsibility to care for our neighbors, the state should make investing in solutions to the opioid epidemic a priority. ■

**Congratulations to
Smyrna Middle
School's GoBabyGo
Program for being
2018 Superstars in
Education winners!**



Visit us on the web at
smyrna.k12.de.us



Matthew P. Denn is the Attorney General for the state of Delaware.