

# House Opioid Abuse Prevention Study Committee

## Opening Remarks – Speaker Jay Lucas

May 9, 2017

Thank you, Representative Bedingfield for that very kind introduction. Eric, first of all, I want you to know how proud I am of you. Over the past few years, you have experienced the most unimaginable frustration and grief any father should have to endure. Your commitment to this issue is remarkable. I truly believe your son's story will help change lives for the better and prevent other South Carolina families, friends and loved ones from sharing the pain you have felt with opioid addiction.

To the Members of the House Opioid Abuse Prevention Study Committee, you have a difficult task. But I am extremely confident that by blending your personal experiences, professional backgrounds, geographical concerns and personal motivation, you will help curb this growing epidemic and successfully develop strong recommendations that address this issue.

Opioid addiction is one of the largest and most devastating epidemics our country has seen. Nationally, more people die from opioid overdoses every year than from car accidents. 91 people lose their lives every day. 250 million prescriptions are written every year, which is enough for every single American adult to have one.

Since 1999, the number of opioid overdoses has quadrupled. The problem stems from false advertisement by pharmaceutical companies and over-prescription by medical professionals. However, playing the blame game is not the focus of this group. All of us know that opioids can be lethal and are extremely dangerous. It is your job to figure out how to best protect South Carolinians from this disease.

I am sure everyone in this room has known someone who has been affected by opioid abuse. It runs in our families, in our circle of friends, in our churches, in our workplaces, in our communities and across our state.

This problem does not discriminate against age, race, gender, socioeconomic class or profession. It's the eighteen year old, 4.0-honor roll student and high school baseball star who suffers a sports injury and dies from a heroin overdose years later, throwing his promising future away because of an addiction. It's the mother of three who is in continuous pain from kidney stones who later gets a divorce, loses custody of her children, and finds herself homeless because of an addiction. And it's the middle-aged man who has a history of experimenting with drugs, who takes a friend's painkiller and dies from an overdose before his 50<sup>th</sup> birthday because of an addiction.

Interestingly, it does not matter whether an individual is genetically predisposed to struggle with addiction. Opioids are different from alcohol, marijuana and other drugs. When a person consumes a prescription painkiller like OxyContin or Percocet, the medicine attaches to receptors in the brain that ease pain and cause euphoria or a high. At first, relief starts as a craving. If an individual continues to take opioids, the craving turns into dependence and then addiction. And if the pills are no longer available, an addict will turn to heroin, other street drugs, which are 50/100 times more potent than morphine.

In 2015 alone there were 573 opioid related deaths reported in South Carolina - 69 more than in 2014. The Center for Disease Control's data suggests that the areas where the numbers of opioid drug overdose deaths are increasing is in the South and Northeastern United States.

One of our jobs as legislators is to help people. We cannot sit back and watch this growing epidemic take more lives and destroy more families in South Carolina. Napoleon once said, "A leader is a dealer in hope." As members of this study committee, it is your job to offer hope to those who need it.

Throughout this session, the South Carolina House has passed several measures to address this issue. In our budget, we directed state agencies and organizations to develop a pilot project to study and acquire the necessary data to combat opioid abuse in an area of critical need. The House has also passed bills to expand the prescription drug take-back program, grant immunity for persons who seek medical assistance for an overdose, and increase training in higher education institutions for professions that may write controlled substance prescriptions.

The federal government has also taken action to combat opioid abuse. The Center for Disease Control has issued new guidelines physicians must follow before issuing a prescription for opioids to patients with chronic pain. It has also expanded the access and capabilities of first responders to provide life-saving medications that reverse the effects of an overdose.

Although we have made some progress to combat opioid abuse and addiction, more must be done to better protect South Carolina families. It is your job to identify preventative measures that will help curb this epidemic. Build a bridge between the nonprofit, medical and law enforcement communities to offer assistance to those struggling with addiction. Find ways to increase effective and long-term treatment options and rehabilitation services for those who are suffering. Study what other states have done to aggressively address this problem from a legislative perspective. Consider resources for families who have lost loved ones. Encourage advocacy for the risks associated with opioid abuse so that the number of South Carolina lives lost will decrease. Your most important job as we study this issue is to find a way to let hope overcome sadness.

Members, as you begin your work and hear testimony from private citizens, organizations, and state agency professionals, I encourage you to keep this John Wayne quote in mind – "Tomorrow hopes we have learned something from yesterday."

Each of you has been given an opportunity to make a difference; To attempt to change the culture of opioid abuse in South Carolina; To turn sadness into hope; and to better protect our citizens and families from this growing epidemic so that the number of those who struggle with opioid abuse is lower tomorrow than it was yesterday.