PROJECT OPIOID
TAMPA BAY

THE EPIDEMIC WITHIN THE PANDEMIC:
TAMPA BAY'S OPIOID CRISIS

Prepared for the Tampa Bay Partnership
Project Opioid Task Force

Preliminary Assessment
April 15, 2021

ABOUT US

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Florida Blue Foundation

Florida Blue Foundation enables healthy communities by making grants, building coalitions and embracing solutions that create a meaningful impact in our communities. More than 6.5 million Floridians have received services as a result of our community investments since our founding in 2001. The Florida Blue Foundation is focused on engagement with our communities around mental well-being, health equity, food security and generational poverty. It is a trade name of the Blue Cross and Blue Shield of Florida Foundation, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

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TAMPA BAY PARTNERSHIP

The Tampa Bay Partnership is a coalition of regional business leaders, joined by a shared commitment to improving the personal and economic well-being of Tampa Bay residents. Formally incorporated in 1994, and re-established in 2016 as a regional research and public policy organization, the Partnership works with Tampa Bay's top employers, and a diverse group of government and nonprofit partners, to identify and address our region's greatest challenges, and create new opportunities for the future.

PROJECT OPIOID

Project Opioid was founded in 2018 in response to the raging opioid epidemic that claimed the lives of nearly 450,000 people across America in one decade. Since then, the COVID-19 pandemic has driven the opioid crisis to unprecedented heights, creating the greatest mental health, substance abuse, and overdose crisis in U.S. history. The startling new data on opioid overdose and death calls for leaders to embrace a different approach to solving the opioid epidemic.

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TABLE OF CONTENTS

TABLE OF EXHIBITS

INTRODUCTION

The global pandemic has increased the severity of the opioid epidemic. Nationally, at least 40 states have already reported increases in opioid-related fatalities[i]. In Florida, actual drug overdose rates for 2020 are 43% higher compared to the same period in 2019, and projected overdose rates are estimated to reach 59%[ii].

The purpose of this white paper is to understand the severity of the opioid epidemic in Tampa Bay by answering the following questions:

1. What is the opioid epidemic?
2. How has the opioid epidemic impacted Tampa Bay?
3. How does the impact in Tampa Bay compare to Florida and the US?
4. Who is becoming addicted and who is fatally overdosing?
5. What is the cost of opioid addiction?
6. What evidence-based solutions exist to address the opioid epidemic?
7. How has the global pandemic impacted the national opioid epidemic?

We've undertaken this research as part of a new initiative, Project Opioid, which consists of a large coalition of influential leaders in communities across Florida who can no longer tolerate the thousands of lives being lost every year to opioid overdoses that are preventable. Project Opioid Tampa Bay is the regional group for this statewide coalition, brought to Tampa Bay by the Tampa Bay Partnership and funded by Florida Blue Foundation. Project Opioid Tampa Bay mobilizes leaders from Citrus, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk and Sarasota with the ultimate goal of reducing addiction to save lives and to help solve the opioid crisis.

METHODOLOGY

To answer the questions posed above we explored databases, read reports, scanned newspaper articles, spoke with industry experts, and reviewed scholarly research related to opioid use disorder, opioid overdose, and drug overdose. For this paper, we will limit our discussion to reports, databases, and peer-reviewed research.

We relied on public databases and state and national reports to help describe the opioid epidemic and to understand its severity within Florida, across the US and here in Tampa Bay. Data supplied by Florida Department of Health's Opioid Use Dashboard for county-level and statewide data from 2015-2019 helped us form the core of our understanding. We supplemented the data found there with data from the Center for Disease Control's Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) and the CDC's Web-based Injury Statistics Query and Reporting System (WISQARS database). These databases provided statewide and national demographic data and vital statistics, such as leading causes of deaths, and numbers of non-fatal and fatal overdoses for the state and nation. We also utilized US Customs and Border Protection's Drug Seizure Statistics to generate national numbers to describe the opioid epidemic. Finally, we turned to various state and national reports generated by federal agencies, state agencies, and private foundations and nonprofits for emerging trends and hard-to-find data.

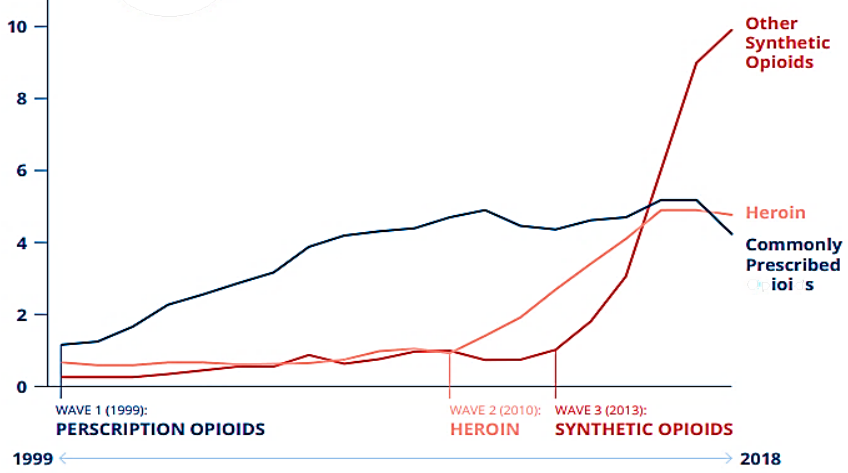
Our understanding of best practices was formed by publicly available reports and peer-reviewed articles. We compared the findings and recommendations of these reports with the Final Report from the Governor's Opioid Taskforce and the recommendations from Project Opioid. In so doing, we hoped to understand the specific challenges and suggestions of professionals within Florida, and we aimed to situate the findings of these reports within the broader peer-reviewed literature available on the subject.

WHAT IS THE OPIOID EPIDEMIC?

Epidemics are defined by the World Health Organization as "a sudden increase in the number of cases of a disease—more than what's typically expected for the population in that area." In epidemiology this is the stage just before a health crisis becomes a pandemic.

The opioid epidemic began in the 1990s; experts say it has had three waves (Exhibit 1). The first wave began with the rise of prescription opioid pill mills, over-subscribing, misuse, and abuse. The Tampa Bay area was ground zero for pill mills in Florida, and Florida was ground zero for the US's eastern seaboard. In the early 2000s, and thanks to multi-sector efforts, prescription drugs became much harder to obtain. Unfortunately, this reduction in the supply of prescription drugs gave rise to an increase in the abuse of heroin, an opiate long used and abused, and shortly after, to the spread of synthetic opioids throughout Tampa Bay, Florida, and the United States. Each wave of the opioid epidemic accompanies a sharp increase in the number of deaths. Even though the number of opioid overdoses decreased in 2018, the number of fatal overdoses was still 4 times higher than it was in 1999[iii].

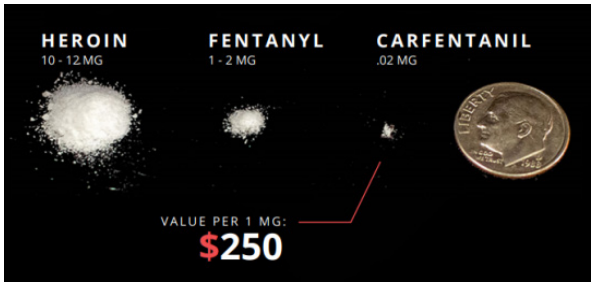
Exhibit 1. 3 Deadly Waves of the Opioid Epidemic, 1999-2018
(Age-Adjusted Rate per 100,000)



Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. "Three Waves of Opioid Overdose Deaths," 2021.

Each wave in the opioid epidemic has seen a different type of opioid become more prevalent.

Exhibit 2. Lethal Doses of Opioids



Source: Information based on data from DEA. Everyone reacts differently. Concept of image: Missouri River Drug Task Force

But, collectively, opioids are a class of drugs created to reduce pain that include the illegal naturally-occurring drug heroin, pain relievers available legally by prescription (i.e., OxyContin®, morphine, Vicodin®), and synthetic opioids, such as Fentanyl and Carfentanil, which are made illegally and distributed on the streets[iv]. Synthetic opioids are more potent, more prevalent (being laced into other drugs such as marijuana and cocaine), more profitable for drug dealers, and more deadly than their predecessors (Exhibit 2). One milligram of Carfentanil has a street value of $250, yet only 10-20 micrograms are potent enough to

kill someone[v]. (There are 1000 micrograms in a milligram). Last year, in a single drug bust in Tampa Bay, enough Carfentanil and Fentanyl was seized to kill at least 40,000 people[vi].

Opioid-related deaths would rank 9th among leading causes of death in adults over 18 years old, if these deaths were reported separately, as opposed to being included within the "unintentional injury" category [vii]**.** More Americans die from opioid overdoses than die from traffic accidents or falls. In fact,

- **130 Americans die every day from opioid overdose.**
- **In Florida, someone dies every two hours from an opioid overdose.**
- **In the Tampa Bay Region, nearly 3 people die each day from opioid overdose**.

In comparison to other epidemics, the opioid epidemic is more deadly than the HIV/AIDS pandemic for those in the US (according to 2019 data). The number of opioid overdoses (n=49,860) in the US in 2019 outnumbered those dying from AIDS related illnesses (~15,000 people). Moreover, last year the population of Americans living with opioid use disorder was ~2.29 million, which is nearly double the population living with HIV/AIDS (~1.2 million)[viii].

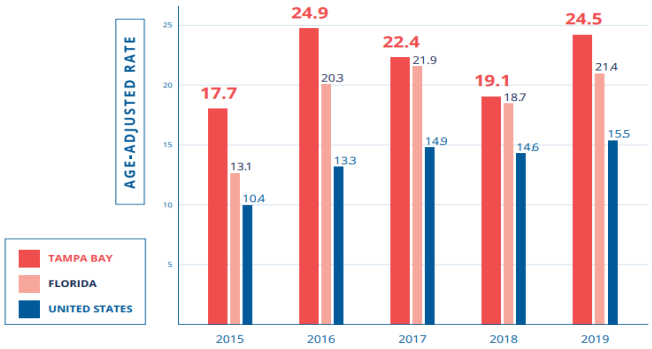
HOW HAS THE OPIOID EPIDEMIC IMPACTED TAMPA BAY? HOW DOES THIS COMPARE TO FLORIDA AND THE UNITED STATES?

Opioid-related deaths would rank 9th among leading causes of death tracked by the CDC if reported separately from the category "unintentional injury"[ix]. The Tampa Bay Region fares worse than Florida and the United States when it comes to the rate of fatal opioid overdoses. Other key points include:

- 77% of all fatal overdoses involve opioids in the Tampa Bay Region. This is on par with national (70%) and state (77%) trends[x].
- Opioids overdoses are one of the few overdoses that are quickly reversible and need not be fatal.
- While suspected non-fatal, non-opioid overdoses continue to drop in the Tampa Bay region from 5,883 in 2016 to 5,057 in 2019, nonfatal opioid overdoses have spiked from 3,039 in 2016 to 4,514 in 2019[xi].
- In our region, someone visits an Emergency Department for a non-fatal opioid overdose every 2 hours and 15 minutes[xii].
- In the Tampa Bay region, the opioid epidemic resulted in 33,288 - 35,201 fewer workers participating in the regional economy in 2015 and cost the region between $25.1 billion and $26.5 billion in economic output[xiii].
- Fatal overdoses in Florida have had an *actual* increase of 43% and a *projected* increase of 59% since the COVID-19 Pandemic began[xiv].
- In recent years, the increase in rates of fatal opioid overdoses of Black non-Hispanic and Hispanic Floridians, respectively, have outpaced the rate of increase in fatal opioid overdoses of White non-Hispanic Floridians. Recent reports issued by the CDC mirror these findings but on the national level[xv].
- The opioid epidemic in the US exceeded $1 trillion in costs between 2001 and 2016[xvi].

The Tampa Bay Region fares worse than Florida and the United States when it comes to the rate of opioid and drug overdose deaths[xvii]. Fatal opioid overdose rate within both the region and the state remain consistently higher than the national death rate for opioid overdoses. Year after year the opioid overdose fatality rate has increased, with the trajectory at the state level the steepest (Exhibit 3).

Exhibit 3. Fatal Opioid Overdose Comparison, 2015-2019
(Age-Adjusted Rate per 100,000)

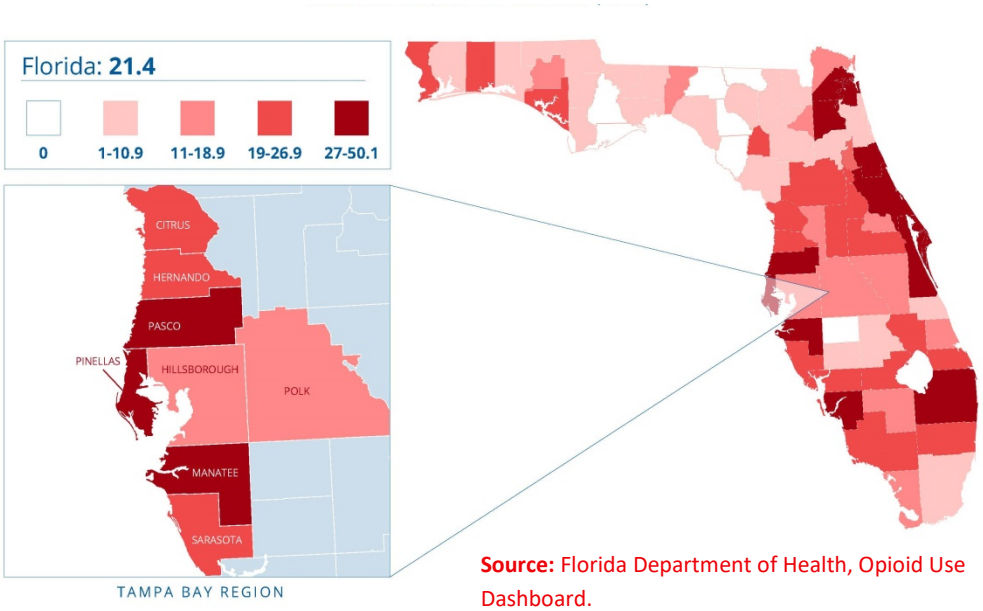


Source: Florida Department of Health, Opioid Use Dashboard

As evident in Exhibit 3, the mortality rate gap for opioid overdoses between the state and the region closed in 2017 and 2018 – with the death rate decreasing for three consecutive years in the Tampa Bay area. Locally, the efforts of addiction/ behavioral health specialists, law enforcement agencies, and public health officials – plus newly secured policy and budgetary advancements -- finally paid off on the ground. Nationally, fatal opioid overdose levels dipped in 2018, as well. This was the first reduction in fatal opioid overdoses in years.

Yet, the data show the fatality rate for opioid overdoses increased again in 2019. The spread of Fentanyl eroded in one year the gains that had been made over the previous three. For instance, in Florida the opioid death rate increased from 18.7 in 2018 to 21.4 for every 100,000 people. Within the Tampa Bay region, 24.48 people die for every 100,000 people in 2019 after having reduced the death rate to 19.1 in 2018. (Exhibit 3). As depicted in the Florida map (Exhibit 4), in some Tampa Bay counties, this number is as low as 11 (Polk) and in others this is as high as 36.8 (Pinellas). Only 3 counties - Hernando, Hillsborough, and Polk – had death rates that were smaller than those of the state as a whole. This increase in opioid deaths after such a hard-fought battle to finally see a reduction in opioid deaths was crushing to those who work in public health, law enforcement, and addiction treatment[xviii].

Exhibit 4. Florida Fatal Overdoses, 2019
(Age-Adjusted Rate per 100,000)



Source: Florida Department of Health, Opioid Use Dashboard.

WHO IS BECOMING ADDICTED AND WHO IS FATALLY OVERDOSING?

Statewide demographic trends mirror the trends occurring nationally. The White, Non-Hispanic, working age male population is, and has historically been, over-represented in the number of fatal opioid overdoses for the past 30 years. Recently, however, members of communities of color within Florida have been outpacing the White Non-Hispanic population, in the rate of increase of lives lost to opioid overdoses.

Exhibit 5. Race/Ethnicity Change in Opioid Overdose Death Rate, 2014-2018

Race & Ethnicity Rate of Change/Time		2014 Rate	2018 Rate	Δ Rate/ Time	% Increase
White Non-Hispanic	US	12	18.6	6.6	186.0%
	FL	11.3	25.6	14.3	226.5%
Black Non-Hispanic	US	5.6	14	8.4	250.0%
	FL	1.7	5.6	3.9	330.0%
Hispanic	US	4	7.5	3.5	187.5%
	FL	2.9	7	4.1	241.5%
Total	US	9	14.6	5.6	162.3%
	FL	7.2	15.8	8.6	219.5%

Rates displayed in the exhibit are age-adjusted rates per 100,000

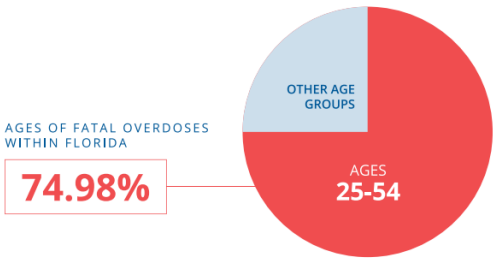
Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, 2021.

Race/Ethnicity breakdown of the data illuminate new trends of which we should be cognizant. The period 2014 to 2018 saw an astounding **330% increase in the rate of Black Non-Hispanic Floridians** dying from opioid overdose (Exhibit 5). This is the sharpest increase of any race/ethnic groups either nationally or statewide. This said, the rate of the White Non-Hispanic Floridians is still nearly 5 times that of Black Non-Hispanic population. While the rate of Hispanics dying from opioid overdose is also seemingly low at 7 (per 100,000) in 2018, the percentage of the rate increase from 2014-2018 is the second highest of any race/ethnic group at 241.5%.

Gender differences for fatal opioid overdoses have been **relatively stable** at the state and national levels over time. Since 1999, females have consistently made up approximately one-third of deaths from opioid overdose. State trends fluctuate between 31% and 39%. Opioid-specific demographic data is not available at the regional level, however, an examination of death due to substance related disorders at the regional level indicate that females may comprise a slightly larger population of those dying from substance-related disorders than the national or state level data.

Working-aged Americans are disproportionately impacted by opioid overdoses. Approximately two-thirds of the American workforce is between 25 and 54 years old[xix]. In looking at the opioid overdose data for Florida, **75% of all fatal overdoses were within this prime work age population in 2018 (Exhibit 6)**.The rate of overdose within the workforce age population at the state level is slightly higher than the national opioid overdose rate for this segment of the population, and is being driven by millennial overdose deaths (25-40 year-olds).

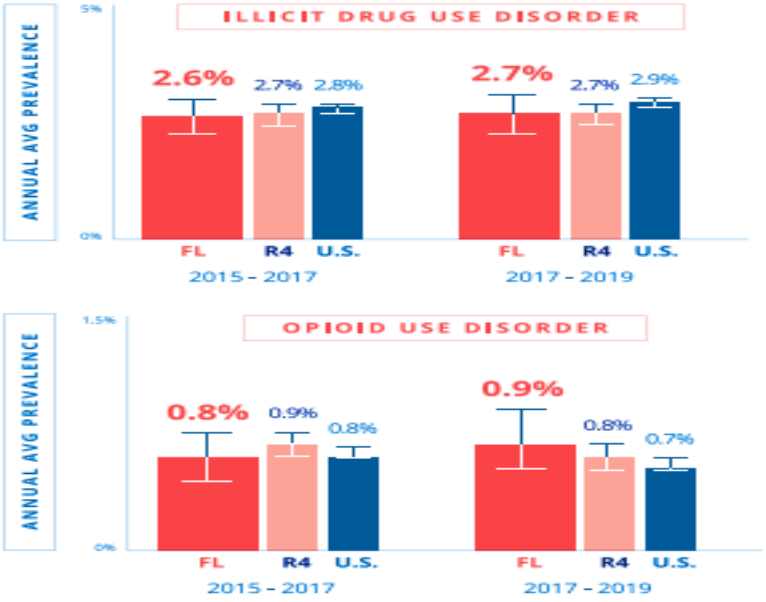
Exhibit 6. Age Groups Fatally Overdosing in FL, 2018



Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. CDC WONDER Online Database, 2021.

Nearly 1% of our population in Florida suffers from opioid use disorder (OUD). Some 2.7% of Floridians suffer from illicit drug use disorder (IDUD) and 165,000 (or .9%)) of these individuals have OUD (Exhibit 7). By comparison, only 3.5 times more adults report being told by a health professional that they had symptoms of heart disease[xx]. OUD is defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) as a problematic pattern of opioid use leading to problems or distress[xxi]. This subset of people are commonly referred to as addicts and diagnostically known to have illicit drug use disorder. While opioid use disorder is similar to other substance use disorders in many respects, opioids can lead to physical dependence within a short time--as little as 4-8 weeks[xxii]. While opioid overdose deaths have dramatically increased, both illicit drug use disorder and opioid use disorder have remained relatively stable since 2015, with OUD making up almost 34% of the population of those with illicit drug use[xxiii].

Exhibit 7. Comparison of Illicit Drug Use Disorder and Opioid Use Disorder: Florida, Region 4, and US, 2015-2019

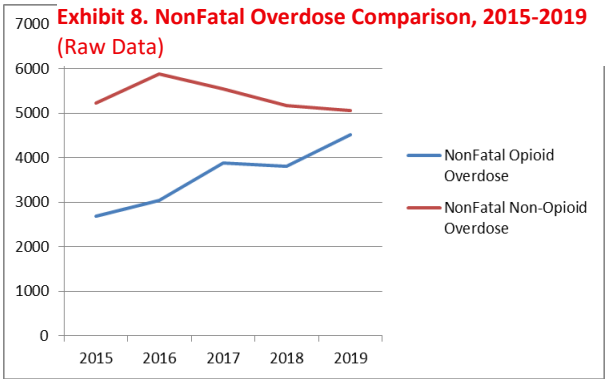


Region 4 = AL, FL, GA, KY, MS, NC, SC, & TN. Error bars indicate 95% confidence interval of the estimate.

Source: Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Florida, Volume 6: Indicators as measured through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services.

The vast majority of fatal drug overdoses involve opioids. Out of 1,387 total overdose deaths in Tampa Bay, all but 363, or 73.8%, involved opioids. In all counties except for Polk, at least 70% of the fatal drug overdoses involve opioids, and in three counties, opioid-related fatal overdoses make up over 80% of fatal overdoses (Exhibit 9). This is on par with national (70%) and state (77%) trends.

Exhibit 8. NonFatal Overdose Comparison, 2015-2019 (Raw Data)



Source: Florida Department of Health, Opioid Use Dashboard

For every 4,514 opioid overdoses in our region, 1,024, or 22.7%, were fatal in 2019. By comparison, for every 5,057 non-fatal, non-opioid overdoses, only 363, or 7.2%, were fatal (Exhibit 9). Exhibit 8 illustrates the increase in nonfatal opioid overdoses over time. Taken together, these illustrate both how deadly newer synthetic opioids are and how many lives can likely be saved by increasing the presence of naloxone in our region. **It is important to note that because of the efficacy of properly administered anti- overdose drug, Naloxone; opioid overdoses are one of the few overdoses that need not be fatal.**

Exhibit 9. Opioid Dashboard Data for 8 Counties, Tampa Bay Region, and Florida, 2019.
(Preliminary Data)

2019	Citrus	Hernando	Hillsborough	Manatee	Pasco	Pinellas	Polk	Sarasota	Tampa Bay	Florida
Opioid Overdose Deaths	30	33	217	108	159	333	72	72	1,024	4,294
Drug Overdose Deaths	37	45	277	130	201	412	191	94	1,387	5,577
Suspected Non-Fatal Opioid-involved Overdose	1	61	995	753	84	2,484	96	40	4,514	14,884
Suspected Non-fatal All Drug Overdose	123	161	3,050	1,469	1,630	2,515	450	173	9,571	38,927
All Drug Non-fatal Overdose Em.Dept. Visits	232	262	2,257	1,173	1,275	2,514	1,104	510	9,327	40,318
Opioid-involved Non-Fatal Overdose Em. Dept. Visits	98	77	690	644	570	1,174	247	230	3,730	16,802

Source: Florida Department of Health, Opioid Use Dashboard.

In our region, someone visits an Emergency Department for a non-fatal overdose every 2 hours and 15 minutes (Exhibit 9). The numbers of emergency department visits for five counties in our region were higher than the regional and state rates. The number of emergency department visits due to opioids in the region and the state were quite similar at 39.99% and 41.67%, respectively.

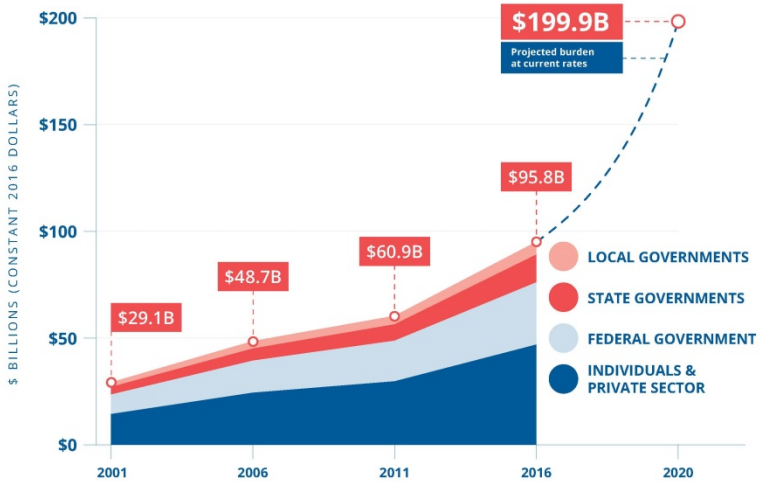
WHAT IS THE COST OF OPIOID ADDICTION?

Not only does opioid addiction take an enormous toll on addicts, as well as their family and loved ones, but **opioid addiction is also costly**. Scholars have begun accounting for the cost to our nation, states, private industry, and individuals. Key findings from these studies include:

- The opioid epidemic in the US **exceeded $1 trillion in costs** between 2001 and 2016, and **costs employers an estimated $18 billion annually**. These figures account for factors such as medical expenses, lost productivity and loss of life[xxiv].
- Estimates of overall societal costs (i.e., healthcare, criminal justice, and workplace costs) have **growth of 665% in 16 years**. Societal costs associated with Opioid Use Disorder have risen from $11.8 billion in 2001 to $78.5 billion in 2016[xxv].
- In Florida, opioid use effected a **1.7% annual reduction in prime-age labor force participation** rate and in 2015 this represented 128,800 fewer workers participating in the Florida economy, **which cost the state $97.1 billion in economic output between 1999 and 2015**[xxvi].
- In the Tampa Bay region, opioid use resulted in 33,288 - 35,201 fewer workers participating in the regional economy in 2015 and **cost the region between $25.1 billion and $26.5 billion in economic output**[xxvii].

Producing a cost estimate of the opioid epidemic can be a valuable tool for helping communities to understand the scope of the opioid epidemic. Moreover, through future refinement of estimating these costs, it will be possible to identify areas of society most affected by the opioid epidemic. Such estimates, especially when overwhelmed by sheer loss of life, can be a critical starting point for action.

Exhibit 10. Costs of the Opioid Epidemic by Year and Payer, 2001-2020
(Constant 2016 Dollars in Billions)



Source: Altarum, "Economic Toll of Opioid Crisis in U.S. Exceeded $1 Trillion since 2001." 2018.

In a recent study by Altarum, the costs of the opioid epidemic in the US exceeded $1 trillion between 2001 and 2016 (Exhibit 10). The study estimated the cost share to individuals and the private sector, states, federal, and local governments. [xxviii]. The majority of the economic burden fell on the private sector/individuals. While costs of the opioid epidemic borne by individuals were measured in the form of lost wages, while the private sector loss was calculated in terms of productivity and health care costs. Our federal, state and local governments' share of the burden was calculated by considering lost tax revenue and increase spending on health care, social services, education and criminal justice.

Exhibit 11. Comparison of Economics Effects of the Opioid Epidemic, 1999-2015

	2015 Lost Workers	1999-2015 Lost Work Hours	1999-2015 Total Lost Output
Florida	128,800	1.662 B	$97.1B
Tampa Bay	33,288-35,201	429.5M-454.2M	$25.1B-$26.5B

Source: Florida calculation, American Action Forum, 2018. Tampa Bay calculations, Dave Sobush, Tampa Bay Partnership, 2021.

In Florida, opioid use disorder affected a **1.7% annual reduction in prime-age labor force participation rate,** according to the American Action Forum[xxix]. In other words, 128,800 less Floridians were in the workforce, which resulted in great losses in terms of hours worked and total economic output.

To calculate the economic impact at the regional and county level, state-level estimates prepared by the American Action Forum were scaled using two separate measures, each calculated from 2019 data provided by the Opioid Use Dashboard maintained by the Florida Department of Health. The result is a range of estimated numbers of workers, hours, and economic output lost for our region and is found in Exhibit 11. According to the calculation, over 25% of the state's total lost output was shouldered by Tampa Bay businesses, with over 425 million work hours lost and an estimation of at least 33,288 workers no longer engaged in the labor force. Importantly, the calculations used to generate these losses consider only fatal overdoses – or permanent loss of life in the prime-work age group. The calculation does not consider workers with opioid use disorder who are less productive than their non-addicted colleagues while working or those who take more paid time off or sick days than the average employee[xxx]. When the incredible economic costs associated with the opioid epidemic are considered alongside the astonishing loss of life, the full burden of this epidemic become clearer.

WHAT EVIDENCE-BASED SOLUTIONS EXIST TO ADDRESS THE OPIOID EPIDEMIC?

The overwhelming loss of life from the opioid epidemic has spurred **life-saving innovations** that reduce overdoses and overdose deaths. Naloxone, in addition to changes in the system of care that emphasize peer counseling and warm handoffs, along with medication-assisted treatment, are well-researched, evidence-based, best practices for treating opioid use disorder (OUD) and saving lives.

Opioids are one of the only substances where overdoses are quickly reversible and death preventable.

Naloxone (Narcan®) was developed as an opioid antagonist, a medication designed to rapidly reverse opioid overdose by binding to opioid receptors, reversing, and blocking the effects of other opioids[xxxi]. Presently, Naloxone comes in an easier-to-administer nasal spray and is being distributed and saving lives in our community. Both Department of Health and Department of Children and Families in Florida have programs to expand the availability of Naloxone within our communities. Public health awareness campaigns and expansion of community-based and law enforcement deployment of Naloxone is necessary to increase access and save more lives.

Exhibit 12. Naloxone Nasal Spray

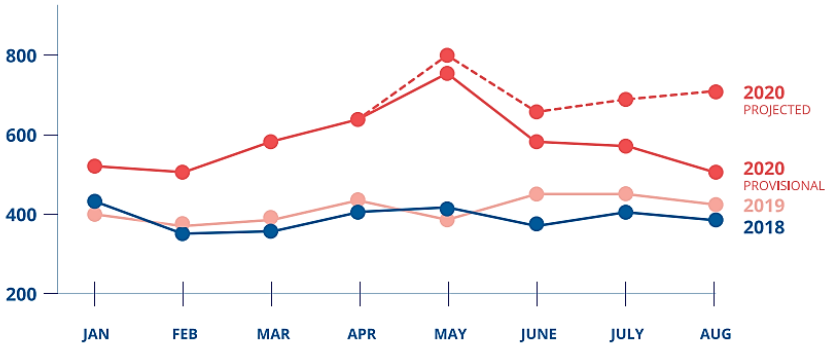
Recent changes to the system of care within some behavioral healthcare systems align with best practices. These changes emphasize peer counseling and warm handoffs from Emergency Departments to treatment facilities. These changes, along with innovations in medication assisted treatment -- a combination of medication and counseling – have been shown to reduce death in OUD by 50%. Potential barriers to providing these innovations include service reimbursement, licensing regulations, and organizational concerns within the behavioral/healthcare community[xxxii]. Within the broader community, bias against medication-assisted treatment has been identified as an obstacle for seeking intervention that aligns with evidence-based interventions. Most recently, the novel coronavirus pandemic has added additional constraints on available resources.

CONCLUSION

HOW HAS THE GLOBAL PANDEMIC IMPACTED THE NATIONAL OPIOID EPIDEMIC?

Overlapping health disasters — the unprecedented COVID-19 pandemic colliding with the preexisting opioid epidemic made deadlier by synthetic street opioids — have been devastating for those struggling with opioid use disorder. The rate of fatal opioid overdose spiked dramatically in 2020 after the onset of the COVID-19 pandemic. Nationally, more than 40 states have already reported increases in opioid-related fatalities in 2020, as well as ongoing concerns for those with a mental illness or substance use disorder[xxxiii].

Exhibit 13. All Drug Overdoses in Florida: 2018-2020
(Preliminary and Estimated Data, with Trend Line)



Source: Project Opioid. "The COVID-19 Overdose Crisis: A Pandemic Fueling an Epidemic in Florida in 2020," 2020.

A report by Project Opioid utilizing data from the Florida Department of Health (yet to be publicly released) indicated that since the pandemic, actual drug overdose deaths have increased in Florida by 43% and the projected increase between 2019 and 2020 is 59% (Exhibit 12). A 43% increase in the number of people dying in Tampa Bay from overdoses would mean that an additional 596 people fatally overdosed in 2020. If the Tampa Bay region does meet the projected 59% increase, this would equal an additional 818 people having fatally overdosed in 2020. Although the preliminary numbers for 2020 will not be released by the Medical Examiners until later this year, healthcare professionals in emergency departments, hospitals, and behavioral health/addiction recovery centers have been warning of this spike in opioid use and overdose based on their own experiences on the frontline treating this epidemic during the pandemic[xxxiv].

The pandemic has dramatically increased the severity of the opioid epidemic. But this need not become the new normal. Now is the time to redouble our efforts, forge new alliances, and support those who have been fighting this battle for years. By expanding the table of advocates and concerned leaders committed to combatting the opioid epidemic, new energy, new conversations, and perhaps even new approaches to addressing this crisis can emerge. Project Opioid Tampa Bay is committed to bringing a coalition of influential business, faith and philanthropic leaders together with experienced stakeholders, so we can substantially reduce opioid overdoses and overdose deaths by the end of 2025.

ENDNOTES

[i] "Issue Brief: Reports of Increases in Opioid and Other Drug-Related Overdose and Other Concerns during COVID Pandemic." American Medical Association (2021). Issue brief: Reports of increases in opioid-related overdose during COVID pandemic | AMA (ama-assn.org).

[ii] Bailey, Andrae, et al. *The COVID-19 Overdose Crisis: A Pandemic Fueling an Epidemic in Florida in 2020.* Project Opioid (2020). https://projectopioid.org/wp-content/uploads/2020/12/PO-2020-Data-Study-Final_New-Section.pdf.

[iii] "Opioid Overdose." World Health Organization: U.S. Department of Health and Human Services (2020). https://www.who.int/news-room/fact-sheets/detail/opioid-overdose.

[iv] "Opioid Basics." Center for Disease Control and Prevention (2021). https://www.cdc.gov/drugoverdose/opioids/index.html.

[v] "Street Value and Prices of Opioids." ARK Behavioral Health (2020). https://www.arkbh.com/opioids/street-value/.

[vi] "Eleven Individuals Plead Guilty to Conspiring to Manufacture and Distribute Heroin, Fentanyl, Carfentanil, and Other Controlled Substances in Manatee and Pasco Counties, Resulting in Death." United States Department of Justice: Office of the Middle District of Florida (2019). https://www.justice.gov/usao-mdfl/pr/eleven-individuals-plead-guilty-conspiring-manufacture-and-distribute-heroin-fentanyl.

[vii] Data retrieved from Web-Based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury Reports, 1999-2010, for National, Regional, and States. National Center for Injury Prevention and Control. National Vital Statistics System website (2011): WISQARS (Web-based Injury Statistics Query and Reporting System)|Injury Center|CDC.

[viii] *Behavioral Health Barometer: Florida, Volume 6: Indicators as Measured Through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services.* Substance Abuse and Mental Health Services Administration (2020). https://www.samhsa.gov/data/sites/default/files/reports/rpt32826/Florida-BH-Barometer_Volume6.pdf.

[ix] Method for ranking unintentional deaths involving opioids: Results produced by National Center for Injury Prevention and Control, CDC. Data Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for Population Estimate. https://www.cdc.gov/injury/wisqars/index.html.

Original Table

1	Heart Disease	659,041
2	Malignant Neoplasms	599,601
3	**Unintentional Injury**	**173,040**
4	Chronic Low. Respiratory Disease	156,979
5	Cerebrovascular	150,005
6	Alzheimer's Disease	121,499
7	Diabetes Mellitus	87,647
8	Nephritis	51,565
9	Influenza & Pneumonia	49,783
10	Suicide	47,511

Adjusting unintentional injury for opioid-related deaths

	Unintentional Injury	173,040
-	Opioid-related	49,860
=	Non-Opioid Unintentional Injury	123,180

"New" top 10 table

1	Heart Disease	659,041
2	Malignant Neoplasms	599,601
3	Chronic Low. Respiratory Disease	156,979
4	Cerebrovascular	150,005
5	**Non-Opioid Unintentional Injury**	**123,180**
6	Alzheimer's Disease	121,499

7	Diabetes Mellitus	87,647
8	Nephritis	51,565
9	**Opioid-related**	**49,860**
10	Influenza & Pneumonia	49,783
11	Suicide	47,511

[x] These numbers are age annual-adjusted rates per 100,000 persons. From the Florida Opioid Use Data 2020. Florida Department of Health Bureau of Community Health Assessment: Division of Public Health Statistics and Performance Management. http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.OpioidUseDashboard.

[xi] Ibid.

[xii] Ibid.

[xiii] To estimate the economic impact at the regional and county level, state-level estimates prepared by the American Action Forum were scaled using two separate measures, each calculated from 2019 data provided by the Opioid Use Dashboard maintained by the Florida Department of Health. First, a two-factor approach, taking the average of Tampa Bay's statewide share of both the number of prescriptions dispensed and the number of unique patients. The second scaling measure, a four-factor approach, takes the average of Tampa Bay's statewide share of the number of prescriptions dispensed, the number of unique patients, opioid overdose deaths, and drug overdose deaths.

[xiv] Project Opioid. "The COVID-19 Overdose Crisis: A Pandemic Fueling an Epidemic in Florida in 2020," 2020.

[xv] Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, 2021.

[xvi] Fuhrmann-Berger, Jennifer. "The Economic Impact of Opioid Addiction." *Strategic HR Review 17.4* (2018).

[xvii] Rates per 100,000 are age-adjusted annual death rates. The age-adjusted annual death rate is a death rate that controls for the effects of differences in population age distributions. When comparing across geographic areas, some method of age- adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

[xviii] These numbers are age annual-adjusted rates per 100,000 persons. From the Florida Opioid Use Data 2020. Florida Department of Health Bureau of Community Health Assessment: Division of Public Health Statistics and Performance Management. http://www.flhealthcharts.com/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.OpioidUseDashboard.

[xix] "Labor Work Share, by Age Group, 1999, 2009, 2019, and Projected 2029." U.S. Bureau of Labor Statistics (2021). https://www.bls.gov/emp/graphics/2019/labor-force-share-by-age-group.htm.

[xx] 9.5 percent of Floridians have been told by a health professional that they had angina or coronary heart disease; a heart attack or myocardial infarction, or a stroke in 2020.

[xxi] With at least two of the following occurring within a 12-month period, according to the DSM-V:

- Taking larger amounts or taking drugs over a longer period than intended.
- Persistent desire or unsuccessful efforts to cut down or control opioid use.
- Spending a great deal of time obtaining or using the opioid or recovering from its effects.
- Craving, or a strong desire or urge to use opioids
- Problems fulfilling obligations at work, school or home.
- Continued opioid use despite having recurring social or interpersonal problems.
- Giving up or reducing activities because of opioid use.
- Using opioids in physically hazardous situations.
- Continued opioid use despite ongoing physical or psychological problem likely to have been caused or worsened by opioids.
- Tolerance (i.e., need for increased amounts or diminished effect with continued use of the same amount)
- Experiencing withdrawal (opioid withdrawal syndrome) or taking opioids (or a closely related substance) to relieve or avoid withdrawal symptoms.

[xxii] Sharma, B, et al. "Opioid Use Disorders." *Child Adolescent Psychiatric Clinics of North America* (2016) 25(3): 473-487. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4920977/.

[xxiii] *Behavioral Health Barometer: Florida, Volume 6: Indicators as Measured Through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services.* Health and Human Services Publication No. SMA–20–Baro–19–FL. Rockville, MD: Substance Abuse and Mental Health Services Administration (2020).

[xxiv] Fuhrmann-Berger, Jennifer. "The Economic Impact of Opioid Addiction." *Strategic HR Review 17.4* (2018).

[xxv] Leslie, Douglas, et al. "The Economic Burden of the Opioid Epidemic on States: The Case of Medicaid." *American Journal of Managed Care* (2019).

[xxvi] Gitis, Ben. *State by State: The Labor Force and Economic Effects of the Opioid Crises*. American Action Forum (2018). https://www.americanactionforum.org/project/opioid-state-summary/#ixzz6nMBdFr4n.

[xxvii] To estimate the economic impact at the regional and county level, state-level estimates prepared by the American Action Forum were scaled using two separate measures, each calculated from 2019 data provided by the Opioid Use Dashboard maintained by the Florida Department of Health. First, a two-factor approach, taking the average of Tampa Bay's statewide share of both the number of prescriptions dispensed and the number of unique patients. The second scaling measure, a four-factor approach, takes the average of Tampa Bay's statewide share of the number of prescriptions dispensed, the number of unique patients, opioid overdose deaths, and drug overdose deaths.

[xxviii] Altarum is a nonprofit research and consulting organization that creates and implements solutions to advance health among at-risk and disenfranchised populations: Altarum | Solutions to Advance Health (2021).

[xxix] The American Action Forum is a 21st century center-right policy institute providing actionable research and analysis to solve America's most pressing policy challenge: https://www.americanactionforum.org/project/opioid-state-summary/florida.

[xxx] Goplerud, Eric, et al. "A Substance Use Cost Calculator for U.S. Employers With an Emphasis on Prescription Pain Medication Misuse." *Journal of Occupational and Environmental Medicine*. PMC U.S. Library of Medicine (2017). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5671784/.

[xxxi] "Opioid Overdose Reversal with Naloxone (Narcan, Evzio)." National Institute on Drug Abuse: Advancing Addiction Science (2020). Opioid Overdose Reversal with Naloxone (Narcan, Evzio) | National Institute on Drug Abuse (NIDA).

[xxxii] Ashford, Robert, el al. "Responding to the Opioid and Overdose Crisis with Innovative Services: The Recovery Community Center Office-Based Opioid Treatment (RCC-OBOT) Model." *Addictive Behaviors* (2019). https://pubmed.ncbi.nlm.nih.gov/31326776/

[xxxiii] "Issue Brief: Reports of Increases in Opioid and Other Drug-Related Overdose and Other Concerns During COVID Pandemic." American Medical Association: Advocacy Resource Center (2021). Issue brief: Reports of increases in opioid-related overdose during COVID pandemic | AMA (ama-assn.org).

[xxxiv] These stark statistics do not help us to understand why the national opioid epidemic has gotten so much worse during this global pandemic. The causes are multivariate and complex. But based on a brief review of the literature, they can be distilled down to some of the same factors that have been driving the latest phase of the opioid epidemic but made more deadly during this global pandemic:

- Stress, isolation, and economic upheaval — all known triggers for addiction and relapse — have increased for most during the pandemic but have robbed many of treatment options and support systems (1).
- After finally topping other competing priorities, the pandemic severely undercut efforts to control the opioid epidemic with public health and health care officials focused so heavily on the coronavirus. Similarly, in preparation for budget shortfalls, Florida and other states cut millions for future substance use disorder programs (2).
- Buying illicit drugs is dangerous and since the pandemic it has become more deadly. Like other supply chains, the supply chains for drugs have been unsettled during the pandemic. Drugs in the supply chains of unknown dealers or dealers with new suppliers may be cut with deadly synthetic opioids (which is currently common for methamphetamine and cocaine) or may be completely counterfeit. Counterfeit drugs may masquerade as prescription pills but contain deadly synthetic opioids (3).

From the following sources: (1) McFarling, Usha Lee. "As the Pandemic Ushered in Isolation and Financial Hardship, Overdose Deaths Reached New Heights." *Stat News* (2021). During COVID-19 pandemic, overdose deaths reached new heights - STAT (statnews.com). (2) Sokolow, Amy. "Opioid Overdoses Have Skyrocketed Amid the Coronavirus, but States are Nevertheless Slashing Addiction Treatment Program Budgets." *Stat News* (2020). States slash addiction treatment budgets, even as overdoses spike (statnews.com). (3) "COVID-19 and the Drug Supply Chain: From Production and Trafficking to Use." Research Brief: United Nations Office on Drugs and Crime (2021).