

Sam Dunkovich: Drug reform needed to address Wisconsin's opioid crisis

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A public health crisis is unfolding in America due to a growth in opioid addiction. Over [21 million Americans](#) above the age of 12 are struggling with substance abuse, and drug overdoses have become a leading cause of accidental death as a result. Unfortunately, drug policy change has altered at a slow pace, and Wisconsin continues to rely on outdated medicines and policies.

Over the last 14 years, doctors in Wisconsin have relied on the prescription medicine Suboxone to assist addicts with reducing withdrawal symptoms. Unfortunately, our state's current regulatory framework is preventing doctors from choosing the best treatment for their patients, as Suboxone employs a de facto monopoly. In the interest of public health and improving the lives of average Wisconsinites, it's time for our public health policy to allow for more access to innovative addiction treatments.

Suboxone was classified by the Food and Drug Administration (FDA) as [orphan drug](#), a privilege reserved for treatments of rare diseases. One of the perks of this classification has been seven years of exclusive rights to sell the drug, in which Suboxone's manufacturer has profited to the sum of billions.

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Despite Suboxone's patent expiring in 2012, the company still benefits from its monopoly-like status. In 2012, over [9 million](#) prescriptions were written and the company earned over \$1.2 billion in [net revenues](#). The company also tried effortlessly to fight against generic competition, claiming tablet forms would be

dangerous to kids, giving the company a market stranglehold due to their [patent-protected filmstrip](#). The FDA disagreed and approved generic tablets and called for an investigation by the Federal Trade Commission to address the anticompetitive business practices of Suboxone's manufacturer.

Another problem with Suboxone is that it can only be administered in [limited dosage amounts](#). This has made it difficult to properly prescribe patients, giving rise to a thriving black market. In [Massachusetts](#), two doctors were found guilty of such illegal practices and were each fined nearly \$500,000. Recreational use has also evolved, especially in prisons where it is referred to as "prison heroin." Due to the dissolvable filmstrip's easy concealment, Suboxone has become ideal contraband.

Responding to Suboxone's obscene profits and subpar public health outcomes, the State of Maryland has made small changes to their opioid addiction treatment policy, which has yielded positive results. Before this change, opioid addiction was rampant in Maryland, with some areas having [one in ten](#) being addicts. It became so bad that opioid overdoses were the [number one killer](#) in the state. From 2010 to 2015, the number of [buprenorphine prescriptions](#) increased 108 percent in Maryland, and in 2015 alone the state spent \$17 million on Suboxone, retaining 96 percent of its market share. Seeing that the current drug policy was failing in helping its addicts, the state decided to take action.

In May 2016, public officials on Maryland's Pharmacy and Therapy Committee added Zubsolv as the exclusive preferred buprenorphine treatment to its state Medicaid list, and moved Suboxone film to its non-preferred category. Zubsolv was approved in 2013 by the FDA and is made in a tablet form. Due to its make, the drug is much harder to smuggle and uses [30 percent less](#) of the active ingredient buprenorphine, while offering similar effects as Suboxone but more efficiently.

Maryland has experienced great progress due to these reforms. Doctors now have choice in prescribing treatment, giving patients the medicine they need without turning to the black market. Throughout the state's correctional facilities, the amount of Suboxone filmstrip contraband has [decreased by 41 percent](#).

While Maryland is making strides in treatment and reform to policies, Wisconsin continues to dwell on ineffective policies. Wisconsin has experienced a [70 percent](#) increase in drug overdoses in the last decade, going from 514 in 2005 to 872 in 2015. The problem has become so extreme that the Wisconsin Department of Health has [issued](#) a public health advisory for opioid addiction a [public health crisis](#)

in 2016. Some areas like Milwaukee County have seen a [600 percent](#) increase in heroin overdoses in the last decade. Despite this increase, Suboxone film is the only opioid drug treatment option covered on Wisconsin's preferred drug list under Medicaid. In 2015, Medicaid paid over \$10 million on 47,669 Suboxone filmstrips for the state.

While Wisconsin continues to see communities destroyed by opioid addiction and overdose, change has been slow to come. Maryland offers a model the state can replicate to better help opioid addicts while also reducing over-prescriptions and black market actions. While Suboxone manufacturers try to maintain a monopoly-like status on buprenorphine treatments, people are fighting for competition to grow offering better alternatives. If states like Wisconsin want to see an end to the opioid epidemic, we need to fight for more competition and innovative options to give addicts access to lower costs and better treatments. Unless this occurs, our communities will continue to suffer.

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