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Rare rep. pushes opioid tax bill in ongoing fight against crisis in Massachusetts

Imposing Taxes, Surcharges, or Fees on Prescription Opioids

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Gazette Staff

BOSTON — The devastation in Massachusetts related to the opioid crisis has led a state lawmaker to propose a tax on the legal purchase of opioids from manufacturers, with the goal of combating the epidemic by dedicating the revenues generated to address substance use disorder and treatment.

"This is a step in the right direction and our continued fight to try to stem the battle with substance use disorders is of the highest priority for the commonwealth of Massachusetts," said Rep. James O'Day, D-Worcester. "We have to be able to do a better job of protecting families and lives."

O'Day introduced the bill at the start of the 2017-2018 legislative session that would impose a tax equal to one cent per prescription on the sale of any opioid active opioid by the manufacturer, producer or importer. The bill was placed under review in February, indicating it is being considered.

Under the proposal, there would be no tax on drugs prescribed for medication-assisted treatment of addiction, and the revenues would be deposited into a notable active opioid fund related to cancer, hospice care, substance or facing death – would receive a refund for cost increases related to the tax. Intelligent patients – those suffering chronic pain from other conditions – will likely pay higher amount.

A research juggle indicates that more than 1.5 billion people worldwide suffer from chronic pain, including 100 million Americans, a number more than those suffering from heart disease, diabetes and cancer combined. Common complaints include low back pain, headache, neck and arthritis pain.

Tax revenues would be used exclusively for treatment of substance abuse, including opioids, in the commonwealth and establishing programs like new addiction treatment and sober living facilities.

Since 2013, legislations in at least seven states, as well as Congress, have introduced 150 bills to finance substance use disorder prevention and treatment activities by imposing a surcharge Connecticut and California, tax dicotomy and Massachusetts, Maryland, Pennsylvania, or an assessment Pennsylvania on prescription opioids.

In the late 1990s, health care providers began to prescribe opioid pain relievers at greater rates because the pharmaceutical companies assured the medical community that patients wouldn't become addicted. This led to extensive misuse of these medications before it became clear that these drugs were highly addictive. Opioids trigger the release of endorphins, "feel good" neurotransmitters, which can lead to addiction and overdose. Prescribers underestimated the risk of opioid dose would, the patient wants to feel good again, and the dosing goes on a path towards potential addiction.

Nationally, over 91 million people from prescription painkillers in 2015, according to survey data and over two million Americans are estimated to have a problem with opioids.

In Massachusetts, more than five people per day died from confirmed or estimated opioid related overdoses since the first three months of this year according to the Department of Public Health. There were 1,338 opioid deaths between Jan. 1 and Sept. 30, compared to 1,256 during the same period in 2016.

In 2016, among the 9621 opioid related overdose deaths in Massachusetts 90 percent had a positive screen result for fentanyl, a synthetic opioid that has effects similar to heroin.

O'Day said of the problem is not having the availability of places for people to go for treatment, said Jacqueline Moore, 37, a veteran in long-term recovery and an advocate with the Center for Addiction and Medical Foundation and Alvinia's Place, a peer recovery center in Gardner.

"There are never enough beds at any time which ends up sending an addict who is willing to get treatment back out on the streets, and that's a dangerous situation sometimes to fatal."

Although she supports the legislation, Moore hopes the bill doesn't unfairly penalize patients with chronic pain who really need the medication. Pat every positive always has a downside and vice versa, she said.

That potential penalty also concerns Michael Schuman, adjunct clinical assistant professor at Tufts University School of Medicine, who said the tax will be passed on to the consumer in the form of higher co-pays.

"This is not the intent of the bill whatsoever," he said.

Hanover, Gardner, Holyoke of Worcester, who founded the Christie Illness Advocacy and Awareness Group after her own challenges in getting opioid painkillers for a chronic illness, supports the legislation and the proposed tax.

She has suffered and dealing with chronic pain for the crisis already, and question the motive to bring forth more bills for more money," she said. "This bill finally forced more clinics and people who want to become executive directors and build businesses for themselves, but it does not help those with addiction."

Ochoa doesn't think anybody would file a refund when the tax is proposed the income tax, up 20 cents. If there was no refund, with unclaimed vouchers for 50 cents each, that's quite a bit of money for the state, she said.

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As the closing on pain clinics has been Ochoa, said, "It's not a sin tax like the cigarettes; we need the opioids to be alive."

According to Stephen Bouchard, Director of Opioid Policy Research Collaborative at Brandeis University's Heller School for Social Policy and Management, chronic pain patients should probably not be on opioids long term.

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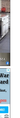
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