

Responding to the Opioid Crisis

By Tish Vincent

My conversation with a young female colleague covers many topics. After sharing what is going on in our respective lives, she begins to talk about her stresses: managing a small law firm, tending to a book of business, raising two children as a single mother, her divorce, her ex, her new relationship, her house, bills, and various physical conditions. The list is long; I wonder where she finds the stamina to keep juggling all those balls.

As we talk, my mind starts gathering the details of her story, arranging the facts and complaints. Something she says sets off an alarm: she mentions the opiate medication she takes for musculoskeletal pain. She explains that she only takes the medication when the pain is bad and nothing else helps. Sometimes she needs it to sleep. I express my concern about the opiates. She pulls back immediately. Nothing to worry about here, she assures me.

Her immediate rebuff worries me more.

The opioid crisis

According to the National Institute on Drug Abuse, 130 people die each day in the United States after overdosing on opioids.¹ In 2017, more than 47,000 Americans died of an overdose of prescription opioids, heroin, or illegally manufactured fentanyl (a synthetic opioid).²

In Michigan, 71 percent of the more than 2,700 overdose deaths in 2017 were opioid related; 1,941 people in Michigan died of an opioid overdose that year.³ The cost of this epidemic extends beyond the personal suffering of addicts and those who love them: the Centers for Disease Control and Prevention estimates the total economic burden of the national opioid crisis is \$78.5 billion a year.⁴

Statistics like this are upsetting. People often read these numbers and comfort themselves by thinking it could not happen to them or hasn't happened to anyone they know. The opioid crisis is different. Each of us knows someone who has lost a family member or dealt with a near-death incident because of an opioid overdose. They may not talk about it in those terms, but this epidemic touches everyone to some degree.

Unique threat

Opioid medications were initially developed to treat acute pain. Think of the pain after surgery, upon breaking a leg, or surviving an automobile accident. The pain is extreme, but your body will heal and the pain relief is necessary for a limited time. Since the 1990s in the United States, opioids have been used to treat chronic pain like arthritis or other conditions that people may have to live with for years.

The U.S. Drug Enforcement Administration classifies opioids as Schedule II substances. "Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence."⁵ Individuals using addictive drugs, whether prescribed for medical reasons or taken recreationally, develop toler-

ance and need to increase the dose for the same effect.

When opioids are used to treat chronic pain, a unique threat develops. To successfully manage the pain, it may seem like a good idea to increase the dose. A continued increase in dosage puts the user in danger of consuming enough of the substance to interfere with breathing.

Pain from many sources

Life and its complexities can be overwhelming. People suffer from physical and emotional pain. When opioids are prescribed for physical pain, there is a risk that an individual in a considerable amount of emotional pain may welcome the relief this class of drugs provides and begin to use the medication for unintended purposes.

My conversation with the young female attorney caused concern that she may be using the prescribed medication to help her sleep or deal with emotional pain. This is dangerous and must be avoided at all costs.

Responding to the crisis

Responses to this evolving epidemic are intensifying, and lawyers are playing a variety of roles. Harry Nelson was a guest on the SBM On Balance podcast in February.⁶

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Nelson, a Michigan native and graduate of the University of Michigan Law School, is a healthcare attorney and author of *The United States of Opioids: A Prescription for Liberating a Nation in Pain*.⁷ In his book, he outlines the origins of the opioid problem and the complex responses we need to mount to deal with it.

For each person struggling with a chronic pain condition and a prescription for opioid pain medication, a careful response must be crafted. The price that people struggling with chronic pain may pay for relief can be extremely high. We must realize the dangers of opioids. Treatments and interventions can help sufferers of chronic pain without relying on opioids. Still, some people will need to use prescribed medications even while using nonmedical methods of dealing with pain. Unless they are in acute pain, some people should avoid opioid medications entirely due to a strong family history or personal history of addiction.

Another related danger

With the increase in painkiller prescriptions in the United States, the medicine cabinets in many homes may contain a bottle or two of painkillers. Children and adolescents may find the medications, experiment with them, and quickly become dependent on the drugs. When the painkillers are removed from the home, adolescents sometimes turn to another opioid—heroin, which can be obtained on the street. On the heels of the increase in prescription opioid painkillers, there has been a similar rise in heroin addiction in this country.⁸

The dangers of opioids go far beyond the issues discussed in this article. We would be wise to become familiar with this crisis and find ways to respond on personal, professional, and societal levels. Take the time to listen to Nelson's podcast and read his

book. Think seriously about any pain medication you use and discuss it with a trusted healthcare professional. Keep unused medications under lock and key, far away from curious young people.

Finally, take a look at the *Opioid Summit Report: Experienced Lawyers, American Families, and the Opioid Crisis* from the American Bar Association Senior Lawyer Division.⁹ It's a call to action directed at the nation's attorneys. ■

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ENDNOTES

1. *Opioid Overdose Crisis*, Nat'l Institute on Drug Abuse, NIH (January 2019) <<https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>> [<https://perma.cc/H3Z7-N2BW>]. All websites cited in this article were accessed May 7, 2019.

2. *Id.*
3. Mack, *Michigan opioid overdose deaths have almost tripled in 5 years*, MLive (October 5, 2018) <https://www.mlive.com/news/2018/10/michigan_opioid_overdose_death.html> [<https://perma.cc/CEM4-GUJ9>].
4. *Opioid Overdose Crisis*.
5. *Controlled Substance Schedules*, Diversion Control Div, US Dept of Justice/Drug Enforcement Admin <<https://www.deadiversion.usdoj.gov/schedules/index.html>> [<https://perma.cc/7DM5-V2Q9>].
6. *The Opioid Crisis—Solutions for a Rising Epidemic*, On Balance Podcast, SBM (February 22, 2019) <<https://legaltalknetwork.com/podcasts/state-bar-michigan-on-balance/2019/02/the-opioid-crisis-solutions-for-a-rising-epidemic/>> [<https://perma.cc/8N85-NQAG>].
7. Nelson, *The United States of Opioids: A Prescription for Liberating a Nation in Pain* (Charleston: ForbesBooks, 2019).
8. Phillips et al, *Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use* (Washington, DC: National Academies Press, 2017), pp 187–266. Copy available at <https://www.ncbi.nlm.nih.gov/books/NBK458661/#sec_000151>.
9. *Experienced Lawyers, American Families, and the Opioid Crisis: Report of the Opioid Summit*, Senior Lawyers Div, ABA (May 2018) <https://www.americanbar.org/groups/senior_lawyers/resources/opioid-summit-report/> [<https://perma.cc/A632-Q4XN>]. See also *Opioid Summit Report: Experienced Lawyers, American Families, and the Opioid Crisis*, Senior Lawyers Div, ABA (January 29, 2019) <https://www.americanbar.org/groups/senior_lawyers/resources/opioid-summit-report/> [<https://perma.cc/GVK8-5C8A>].



MONEY JUDGMENT INTEREST RATE

MCL 600.6013 governs how to calculate the interest on a money judgment in a Michigan state court. Interest is calculated at six-month intervals in January and July of each year, from when the complaint was filed, and is compounded annually.

For a complaint filed after December 31, 1986, the rate as of January 1, 2019 is 3.848 percent. This rate includes the statutory 1 percent.

But a different rule applies for a complaint filed after June 30, 2002 that is based on a written instrument with its own specified interest rate. The rate is the lesser of:

- (1) 13 percent a year, compounded annually; or
- (2) the specified rate, if it is fixed—or if it is variable, the variable rate when the complaint was filed if that rate was legal.

For past rates, see <http://courts.mi.gov/Administration/SCAO/Resources/Documents/other/interest.pdf>.

As the application of MCL 600.6013 varies depending on the circumstances, you should review the statute carefully.