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April 18, 2023

The 93rd Death: Dealing with the Opioid Crisis of Dayton, OH

I. Introduction

Opioids. That word produces a variety of reactions in people’s minds. For some, it is a medical drug - a tool to dull pain for a period of time. Others have a response of indifference, as they see opioids as something a part of life, but not something that has affected them. And for many, especially those who might live in Dayton, Ohio, opioids are something that has affected a family member, a friend, or an acquaintance – not as a medical drug to end pain, but as a tool to end life. It is a heavy subject for many, and while there has been progress, it often feels like two steps forward and one step back for Dayton, Ohio. In the next few pages, we are going to explore the history of drug use in Dayton as well as the ways they’ve been abused and misused. Opioids not only have health factors, but also affect education, economics, and family relationships. The social cost of drug misuse is high, as unemployment and homelessness also show signs of being affected. There have been efforts to slow the overdoses, but Dayton continues to be one of the most affected cities in the United States to drug overdoses (“10 Cities with Worst Drug Problems in the United States of America.”). Why have the past solutions fallen through, and how are we to address this issue moving forward?

II. The Case of Dayton, OH

In a report by the UN, it was found that over twenty-nine million people worldwide are dependent on some type of drug. The same article states that, “overall, opioids continue to pose the highest potential harm and health consequences among major drugs” (United Nations). This is not foreign to the city of Dayton, Ohio, which has had quite the history of being negatively affected by drugs. A report by the Ohio Substance Abuse Monitoring network (OSAM) in 2013 shows that drugs such as heroin, prescription opioids, marijuana, and cocaine were easily accessible in the streets of Dayton at the time: “Participants and community professionals most often reported the current availability of these drugs as ‘10’ on a scale of ‘0’ (not available, impossible to get) to ‘10’ (highly available, extremely easy to get)” (Perdue). Throughout the article, we see countless examples of drug busts, arrests for possession of illegal drugs, and stories upon stories of overdose tragedies. While many people begin their addiction to drugs because of an actual need for painkillers, the easy availability of prescription drugs is a cause for concern. It is apparent from the examples shown that drugs such as opioids have not been hard come across since the early 2010’s. In a similar report from 2016, the availability of opioids in the streets dropped from a ‘10’ to a ‘7’, which is credited mostly to the law enforcement “cracking down on it” (King). However, a ‘7’ in availability is still a high number, and with all drugs combined, the Journal of Family Medicine states that “accidental drug overdose deaths increased from 21.9 to 57.7 overdose deaths per 100,000 from 2010 to 2016” (Bowman). So, while the ease of getting these drugs might have declined, addiction did not care. Many people were already hooked – it was too late.

In Montgomery County, the number of deaths due to accidental overdose shows a steady increase from 2010 – 2016 and a significant jump in 2017. These deaths brought needed

awareness to the topic, which meant tightened law enforcement and greater recovery help. The work showed, as 2018 brought a significant decline in the number of accidental overdose deaths. However, deaths have slowly inched up since then, with 2023 showing signs of great loss by the end of the year (Montgomery County Coroner's Office).

One may wonder why Dayton is such a hub for drugs, addiction, and overdose. It used to be a place of innovation, with the hustle and bustle of a big city. Now, Dayton is still a wonderful city with many sights to see and unique spots to hangout – there is no doubt about that. But behind the cute coffee shops and fun wall art is a city touched by deep addiction to a very harmful substance. How did this happen? In the early 1970's, Dayton's economy started dying, leading to substantial unemployment. This fact combined with the two major interstates that run through Dayton created a great opportunity for drug dealers to make money. "Its location at the nexus of I-75, I-70, and I-675 as well as multiple state routes makes it a major crossroads for drugs moving both north, south, east, and west throughout the country. Interstate 75... is a major corridor for drug transport, as it begins in Miami and travels north all the way to the Canadian border... As drugs move through Dayton, many are diverted for local sale and distribution, leading to drug issues in and around the city" (Dayton, Ohio Drug and Alcohol Rehab & Recovery Resources).

There are many educational, economic, health, and other factors that also contribute to the overarching issue. In an article by the Recovery Village Columbus, it states that "employment conditions have been shown to have a strong association with an increase in drug overdose deaths, particularly in the case of opioids" (*The Recovery Village Columbus*). The domino effect is at play here – when a county is having a tough time economically, there is more poverty. With greater poverty comes more homelessness, and with more homelessness and poverty comes a

higher rate of drug overdose. The same article claims that education (or lack of education) and drug addiction are related, that “Ohio residents with only a high school degree or less are 4.5 times more likely to die from a drug overdose than those with some level of college education, and 14 times more likely to overdose compared to those with a bachelor’s degree” (*The Recovery Village Columbus*). What they are not saying is that someone with a college degree will never struggle with drug addiction, or that just because someone does not go to college means that they will. Rather than looking at the surface level of just attending or finishing school, it is important to dig deeper into the “why” behind this observation. Perhaps a reason that this statistic exists is because oftentimes, people who lack at least a high school education are below the poverty line. For many, but not all, families in these situations, there is some history of drug addiction in the family. Therefore, not finishing high school is not a reason to do drugs, but perhaps being addicted to drugs or in a family where addiction is highly present can create barriers to finishing high school or continuing in education. Drug addiction and abuse is shown to impact more than just someone’s personal life, but it also affects education and even occupation.

To continue, another aspect of this issue that affects day-to-day life is health. Because opioids are a prescriptive drug, it is easy to wonder if doctors are to blame for the start of these addictions. We have already seen that opioids are available in more than just the office, and even on the streets. Therefore, are doctors the ones to blame? Some would say no, and some would say yes.

I would argue that there is a relationship between prescribing opioids and opioid overdose deaths. However, while a correlation might exist, that does not always mean that there is a causation. In other words, while prescribing opioids may potentially increase the number of people addicted, prescribing opioids to a patient does not mean that they will be addicted.

Prescription does not equal addiction. However, some say that doctors must change the way opioids are prescribed in order to jumpstart a long-term solution to this issue. The Village Recovery Columbus states that, “an increasing number of people become addicted to the pain alleviation experienced [in taking opioids]. Many of these opioid users may even start turning to opioid alternatives such as fentanyl and heroin, which have been key corresponding factors to the opioid crisis” (*The Recovery Village Columbus*). In simpler terms, people are addicted not to opioids specifically, but to pain alleviation that is often found in these addictive drugs. While it is important to reevaluate how drugs are prescribed and in what doses they are allowed, merely “fixing” the problem of prescription may not stop opioids from circling the cities. Unfortunately, the solution seems to be a little more complex. In Dayton, Ohio, this addiction to pain alleviation and the temporary high that it brings has affected the community in areas such as education, family-life, health, and economics.

III. Social Costs

An institutional economic concept that shows itself inside and out of this issue is social cost. Social cost is “the total cost to society,” which includes external and internal costs (“Social Cost”). It may be easy to look at a city with a drug problem and see only how it affects one group of people or one part of life. For many, it is natural to only see how the issue has affected themselves or someone they know. However, “social cost” as a concept allows us to identify the different areas of influence that this issue has – both obvious and hidden. Private costs are ones that affect someone personally. These costs are often taken into consideration by someone personally “paying.” They might include costs of money, time, or personal resources. It is much easier to feel the weight of the cost when your pocket physically feels lighter. While these costs

might be easy to identify, external social costs can be more challenging to pinpoint. These costs might be costs to society, the environment, or people not directly involved in the decision. We can even experience costs to physical health, the economy of a city, or the safety of a neighborhood. They often feel intangible.

When we apply this concept of social cost to the opioid and drug crisis in Dayton, Ohio, it is not hard to pinpoint some of the costs involved, for there are many. In a book titled “Doughnut Economics: 7 Ways to Think Like a 21st Century Economist”, we are given a doughnut with the inner ring holding the “basics of life” – the foundation of what all people need a healthy amount of (Raworth). The outer ring is titled the “ecological ceiling,” which is focused more on earth and the pressure that it often takes. Honing in on the inner circle shows us the twelve foundational life needs – water, food, health, education, income and work, peace and justice, political vote, social equity, gender equality, housing, networks, and energy (Raworth). Many would agree that these are necessary, or at least important, in order to fully thrive.

However, when we take a deeper dive into how that looks in reality, we do not have to dig far before realizing how drug addiction can cause immense gaps in these needs. For example, when addiction exists in someone’s life, they are often not able to work and earn an income regularly. This is a huge economic liability for someone personally, but it also affects a community. When there are many people who are taking from the resources of a community but not giving back, it is hard for that community to thrive. High unemployment is a huge social cost. Not having a regular income can also affect the types of food or education available to a person or family. Perhaps someone struggling with drug addiction is not able to be on their own, and a parent, grandparent, or friend must take on the financial burden of caring for them. When someone is addicted to drugs on a regular basis and experiencing highs and hangovers on the

daily, it seems near impossible to fully take care of a home, apartment, or living space. This can cause issues connecting with people, making friends, or making neighborhoods feel safe.

Because drugs are often what addicts go to when troubling times arise, personal issues are never fully taken care of, and these can spill over into family members or close friends. Spouses, siblings, parents, and children can be neglected, and trauma can be induced. In addition, those struggling with addiction sometimes do not care for their own mental or physical health in the ways that they should. Even more so than just saying drug addiction is not good for the singular person dealing with it, it is also unhealthy for their family relationships, friendships, finances, education, health, and more. The community, neighborhood, and economy can suffer. And in the worst-case scenario, lives are taken. The social cost, both internal and external, is high. This cost is not foreign to Dayton, Ohio, as many people experience it daily.

The opioid issue in Dayton, Ohio is a unique situation that brings on its own challenges. One of these challenges is that it is a past, present, and future issue. Because of the past, families, individuals, and communities have been hurt, scarred, or even killed. Because of the past, many people are now addicted to opioids or other similar drugs. Because of the past, it is not so easy to just “fix” this problem. Dayton needs to take not only reactive measures, but proactive measures. Taking what has happened in the past and providing enhanced law enforcement for illegal trading, more accessible recovery centers for recovering addicts, or opportunities for jobs or education for those in recovery is particularly important. However, as much as we are looking at the past and responding to it, we need to look at the future. How are we to prevent the overdose deaths from rising? Should the goal be to keep the number stable, or can we take it one step further and attempt to decrease the annual overdose deaths in Dayton? There are several ways that people have suggested and sometimes even implemented to move towards growth in this

issue. While this area needs to be explored more extensively, we will look at a few of the ways this issue has been tackled in the past, what has been successful, what has failed, and what we might need to change for a better future.

It is evident that Dayton, Ohio has been affected by drug overdose and abuse. There was a huge spike in overdose deaths in 2017, which really woke up Dayton, Ohio and caused some changes to be made. The work put in place really showed, and the overdose deaths in 2018 were almost half of what they were the previous year. What happened? According to an article by Abby Goodnough of the New York Times, Governor John Kasich's expansion of Medicaid in 2015 was a huge factor. This gave almost "700,000 low-income adults access to free addiction and mental health treatment" (Goodnough). Gaining new treatment centers and recovery offices has been huge for Dayton. The article even mentions a church that gives people who are addicted to drugs a place to meet treatment providers, connect with them, and have a meal together. This measure is both proactive and reactive, cutting to the root of the issue instead of just taking away the drugs. Some of the other organizations in Dayton that provide help for people struggling with drug addiction include Samaritan Crisis Care, Haven of Dayton, Friends at the Castle, and Access Hospital Dayton. In addition, there are also 12-Step recovery programs available in Dayton, such as Narcotics Anonymous. Finally, there are religious recovery groups such as Celebrate Recovery, Recovery Dharma, and SMART Recovery – all options for people to connect with those of the same faith as they walk through their recovery journey (Dayton, Ohio Drug and Alcohol Rehab & Recovery Resources). Dayton has many options for people who need help – perhaps what we need now is awareness.

Another potential factor for the decline in 2018 is the decline of carfentanil. Carfentanil is 10,000 times more powerful than morphine and held a huge presence in Dayton for a number of

years. However, mid 2017 found carfentanil fading for no obvious reason. Goodnough wonders if it is because the carfentanil traffickers realized that they were killing off a huge portion of their customer base (Goodnough). While this is an incredibly sad reason to stop circulating the drug, the fact that the circulation slowed played a part in the decreased numbers of 2018.

Finally, one more thing that helped Dayton, Ohio after the tragedy that was 2017 was the emergence of Naloxone. Naloxone, also known as Narcan, is a “medication that reverses opioid overdoses if administered quickly enough, by injection or nasal spray (Goodnough).”

Montgomery County has been persistent to distribute these kits, as well as host training on how to use them. Some people see this tool as an enablement for drugs – a way to allow people to overdose and not face the consequences. However, the Dayton police Chief, Richard Biehl, saw it as an opportunity to save lives (Goodnough). I stand on the side of Chief Biehl, in agreement that these save lives and are worth investing in.

IV. Conclusion and Further Research

Besides the continuation of these areas, something else that could be explored more extensively is the area of opioid prescription. While not prescribing some sort of pain medication is near impossible, there could be ways to further explore the methods that doctors use to determine a need to prescribe opioids. While this would be a long-term, ongoing process, there is also potential to create other painkillers that are not as addictive as opioids. This sort of investigation has been done in the past. In an article by the United States Department of Justice, Attorney General Jeff Sessions announced that the “Opioid Fraud and Abuse Detection Unit” was being formed. This unit will “focus specifically on opioid-related health care fraud using data to identify and prosecute individuals that are contributing to this prescription opioid

epidemic” (Attorney General Sessions Announces Opioid Fraud and Abuse Detection Unit).

Some of these potential changes could be offering options besides opioids to patients or creating an age limit so that patients under a certain age are not allowed to receive opioids as a prescriptive drug. When we can have greater information about the why, when, where, who, and how behind opioid prescriptions, there might be a greater possibility to prevent potential addictions and overdoses. Investigating this area further could be a great next step for this issue.

Despite the opioid crisis in Dayton being a scaled down, zoomed in version of a very big national issue, there are still many avenues to explore. The history of this issue is deep, and the social cost is high. While there has been progress, there needs to be more. On average, not a day goes by where someone in Dayton doesn't overdose from opioids. Something needs to be done – who is going to do it?

Haiku:

Social cost is high

Economy is dropping

Taking many lives

Works Cited

- “Attorney General Sessions Announces Opioid Fraud and Abuse Detection Unit.” *The United States Department of Justice*, 8 Dec. 2017, <https://www.justice.gov/opa/pr/attorney-general-sessions-announces-opioid-fraud-and-abuse-detection-unit>.
- Bowman, Marjorie. Opioid Abuse and Death: Thoughts From Dayton, Ohio. *Fam Med*. 2018;50(6):420-422. <https://doi.org/10.22454/FamMed.2018.625852>.
- “Dayton Drug Data Reveals Disturbing Trends in Montgomery County - Columbus Recovery Center: Ohio Drug and Alcohol Rehab Facility.” *The Recovery Village Columbus*, 16 Feb. 2023, <https://www.columbusrecoverycenter.com/resources/dayton-drug-data-reveals-disturbing-trends-in-montgomery-county/>.
- “Dayton, Ohio Drug and Alcohol Rehab & Recovery Resources.” *Ohio Addiction Recovery Center*, 13 May 2022, <https://www.ohioarc.com/addiction-resources/dayton-ohio/>.
- Goodnough, Abby. “This City's Overdose Deaths Have Plunged. Can Others Learn from It?” *The New York Times*, The New York Times, 25 Nov. 2018, <https://www.nytimes.com/2018/11/25/health/opioid-overdose-deaths-dayton.html>.
- King, Keith. “Drug Abuse Trends in the Dayton Region.” *Ohio Substance Abuse Monitoring Network*, 2016, https://www.mcoho.org/departments/human_services_planning_and_development/.
- Montgomery County Coroner's Office. “Community Overdose Action Team.” *Public Health - Dayton & Montgomery County*, 2023, <https://www.phdmc.org/programs-a-to-z/community-overdose-action-team>.

Perdue, Tasha. “Drug Abuse Trends in the Dayton Region.” *Ohio Substance Abuse Monitoring Network*, 2013,

https://www.mcoho.org/departments/human_services_planning_and_development/.

Raworth, Kate. “Change the Goal.” *Doughnut Economics: 7 Ways to Think Like a 21st Century Economist*, Chelsea Green Publishing, White River Junction, Vermont, 2017, pp. 38–39.

“Record 29 Million People Drug-Dependent Worldwide; Heroin Use up Sharply – UN Report.”

United Nations, United Nations News Centre, 23 June 2016,

<https://www.un.org/sustainabledevelopment/blog/2016/06/record-29-million-people-drug-dependent-worldwide-heroin-use-up-sharply-un-report/>.

“Social Cost.” *Economics Help*, 2023, <https://www.economicshelp.org/blog/glossary/social-cost/>.

“10 Cities with Worst Drug Problems in the United States of America.” *Monarch Shores*, 30 Dec. 2020, <https://www.monarchshores.com/drug-addiction/10-cities-with-worst-drug-problems/>.