

OPINION

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**OUR POINT**  
**EXPAND MEDICAID COVERAGE TO INCLUDE HEROIN TREATMENT**

**COUNTERPOINT**  
**OPIOID ADDICTION RARELY CURED BY GOVERNMENT**

Chicago and Illinois have a shameful record when it comes to heroin addiction. Our city leads the nation in heroin-related emergency room visits, yet our state is among the very worst in funding addiction treatment programs.

No one should be surprised, then, as Cook County Sheriff Tom Dart often says, that our jails and prisons are full of people who committed crimes to feed their drug habits.

As early as Wednesday, the Illinois General Assembly can do something about that. The House, followed by the Senate, can vote to extend Medicaid coverage to pay for federally approved medications and therapy to treat heroin addiction. A bill with this provision sailed last spring through both the House and Senate, with overwhelming bipartisan support, but Gov. Rauner, in an amendatory veto, struck down the provision. An override of the governor's veto is called for.

We can appreciate the governor's reasoning. Illinois is broke and "facing unprec-

edented fiscal difficulties," as he says, and the bill's chief sponsor, Rep. Lou Lang, D-Skokie, estimates the cost of expanded Medicaid coverage would be \$25 million a year. Skeptics claim the cost would be even higher.

**EDITORIAL**

But there is also a cost to doing nothing. The Illinois Alcoholism and Drug Dependence Association estimates that for every dollar spent on treatment, \$4.87 is saved in corresponding health care costs, creating a net benefit of tens of millions.

Chicago is first in the nation for emergency-room visits related to heroin use, according to a report released last month by the Illinois Consortium on Drug Policy at Roosevelt University, and suburban and rural areas have seen a spike in overdoses as well. But, according to the report, Illinois is third-worst in public funding for treatment, ahead of only Texas and Tennessee. Illinois used to be in the middle of the pack, but the

state decreased general revenue funding by nearly 30 percent from 2007 to 2012. And more cuts are in store under the governor's proposed budget.

Nationally, heroin-related deaths from overdoses nearly doubled between 2011 and 2013, with more than 8,200 dying in 2013, according to the Centers for Disease Control and Prevention. In Illinois, there were at least 681 heroin overdoses in 2014, an increase from 583 in 2013, according to the Illinois Department of Public Health.

A recommendation for states from the CDC calls for Medicaid coverage to include Medication-Assisted Treatment, known as MAT, that combines use of medications such as methadone, buprenorphine or naltrexone with counseling and behavioral therapies.

Wealthy people and most of the middle class have insurance that covers such treatments. For the poor there is only Medicaid.

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BY RAE ANN MCNEILLY

I often cite the fact that prescription opiates, the most tightly government-controlled drugs, contribute to more overdose deaths than any illegal drug, when debating for the legalization of marijuana.

But that is where my agreement ends with the recently vetoed HB 1, which would extend Medicaid coverage to the costs of medications and therapy for opioid addiction.

Regardless of the dire state of the State of Illinois' finances, this would be a foolhardy measure.

Drug addiction is a very complex disease, but a disease nonetheless. Like all diseases, it should be treated and funded in the private sector, voluntarily, and without taxpayer dollars.

Unlike other diseases though, addiction is largely voluntary. Those who "recover" from opioid addiction have a 90 percent rate of relapse. How many times should taxpayers foot the bill for opioid recovery? Forced recovery has the

least effectiveness, as the key to recovery is a desire to recover.

In any case, using taxpayer money for such treatment will have the same effect on treatment costs as it has had on tuition, mortgages, etc. Blindly

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throwing taxpayer dollars at a problem always drives up the costs.

There is no question that opioid addiction is a problem; but rarely, if ever,

is such a problem solved by government. We throw billions of dollars at education and our nation trails other developed countries ranking 35th in math and 37th in science out of 64 countries tested. The vast majority of government program cost is the lavish, gold-plated pensions.

The more we make government responsible for our choices, the less responsibility we will take for our own actions.

At a time when Illinois is in dire financial straits, we should be looking at more ways to cut spending and programs, particularly those that belong in the private sector. Expanding programs at this time in Illinois' history is reckless and irresponsible. If we continue on this path of increased spending, Illinois will no longer be able to provide even the most basic services. There just isn't enough taxpayer money!

Rae Ann McNeilly is executive director of Taxpayers United of America, headquartered in Chicago.