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English 1102

02 March 2018

Research Draft

The opioid problem in both the USA and worldwide has reached epidemic proportions. In fact, it will become a pandemic unless addressed promptly. For the purposes of this paper, only data and possible solutions pertaining to the USA will be addressed. At a summit on opioid abuse held in Washington DC on March 1, 2018 President Donald J Trump called the problem “The opioid Crisis” (All Things Considered – NPR).

Opioids and the cultivation of the poppy have been known to mankind since the Sumerian culture around 5000 BC whom extracted the opium calling it the “plant of happiness (Aragon-Poce 19-21). In the ensuing years the plant has been known by many names, scopolamine in Asia and Laudanum of Sydenham in Europe and North America amongst others (Aragon-Poce 19-21). The active ingredient of opium was isolated in 1805 and named in honor of the Greek god of dreams, Morpheus (Aragon-Poce 19-21). Throughout history opiods were known not only for its medicinal qualities but also that it could be dangerously addictive resulting in abuse and possibly even death (Jonathan Green 106). The medical community started seeing addiction as a medical epidemic, similar to infectious disease, after soldiers struggling with heroin addiction returned from the Vietnam War (Freedman 1155). During this time the medical community described heroin addiction as “contagious” spreading from peer to peer with the addicts mainly being unemployed living in areas with high crime and in abject poverty (Hughes 149-155).

There has been a significant change in the demographics of those who suffer from substance abuse, but the concept of treating opioid abuse and addiction as an epidemic is as relevant today as it was 50 years ago. Opioid addiction must be seen as a whole and not separated into prescription drug abuse and heroin addiction. These ailments are inextricably linked. Heroin addiction in recent years has increased as patients are experiencing more difficulty in obtaining prescription pain medication – mostly opioid based (Traynor 1242-1243). In a report by the Center for Disease Control and Prevention (CDC) it is stated that past abuse of prescription drugs is amongst the most important risk factors for heroin abuse. This is possibly because of the restrictions on obtaining prescription drugs. The result is also that fewer overdoses of prescription drugs are reported, but with an exponential increase in the overdoses of heroin (Compton 154-163).

The leading cause of poisoning death in the USA remains the abuse of prescription opioids. More people die from prescription opioids than heroin and cocaine combined (CDC). An increase of 72.4% between 2002 and 2012 due to complications like cellulitis, bacteremia, sepsis, endocarditis and osteomyelitis occurred when these substances are used intravenously (Tookes e0129360). The cost for opioid abuse and related hospitalizations is estimated at $15 billion with a further $700 million due to the associated infections (Ronan 832-837).

The abuse of opioids may start with experimentation whilst trying to imitate friends or even succumbing to peer pressure. Another risk factor is taking prescription medication in a way that it isn’t prescribed or taking medication prescribed to another. Of course, the extended use of pain medication, most of which are opioids, can also lead to abuse, overdoses and even death (Nelson 1453-1454). 20% of all patient who complained of pain to their physician will receive a prescription for an opioid and more than 10% of those patients will become chronic users with escalating doses and possibly become dependent on that medication (Nelson 1453-1454). There has been a dramatic increase of more than 600% in the retail supply train of the drug distribution between 1997 and 2007. This over prescribing is linked to abuse and addiction and when the patient can no longer obtain legal prescription drugs it could lead to heroin addiction (Kolodny 559-574).

The opioid crisis is a growing public health problem and it is important that this be addressed promptly. The Department of Health and Human Services (HHS) is addressing this problem by attempting to reduce the abuse of opioids while at the same time ensuring that those who truly need opioid analgesics has access to them (Volkow 2063-2066). The HHS believes that there should be increased access to effective overdose treatments like Narcan as well as better and more effective treatment facilities and programs for those who are addicted (CDC). The Surgeon General under President Obama contacted all prescribers of opioids to encourage them to adopt better prescribing practices. In the letter he urged prescribers to screen patients for potential abuse and addiction and to provide them either with the treatment required or refer them for evidence-based treatment. The letter further advocates for the education of the public that addiction is not a moral failing, but a chronic illness (Murphy VH). The CDC recommended the early identification of possible abuse, stronger monitoring of prescription practices as well as expanded and improved access to medication assisted quitting programs. The final recommendation from the CDC is for the expanded overdose recognition and training (Jones 719-25). Many states have waived the requirement for prescriptions to obtain Narcan (Naloxone) which reverses the effects of opioid overdoses. Many members of law enforcement have also been trained and carries a supply of Narcan. Even though there have not been specific measures instituted by the current president, the dialog is happening.

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