

Example by StudyDriver

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The Opioid Epidemic Example

The Opioid epidemic is a major public health issue in the United States. It can affect anyone and usually starts with a physician prescribing an opioid for pain. However, the amount that is being prescribed and the type of opioid that is being prescribed are leading to severe addiction issues and many overdoses. Physicians get a kick back from the pharmaceutical companies in exchange for prescribing medications. Money is a prime suspect for unnecessary impact, and it's presumably nothing unexpected that pharmaceutical organizations burn through billions yearly to impact doctors and other medication prescribers to compose more remedies for their specific products (Howley, 2018). "Pharmaceutical companies are spending something like double the amount that they spend on research and development of new drugs on marketing to doctors" (Howley, 2018). Opioids consist of fentanyl, oxycodone, codeine, morphine and many others (National Institute on Drug Abuse, n.d.).

Not only is the Opioid Epidemic an issue in the United States, the state of Massachusetts has one of the highest addiction and overdose death rates from opioids in the country. Opioid-related deaths have increased dramatically over the past few years, and the opioid-related death rate in Massachusetts is now more than twice the national rate (Vance, A., & Schuster, L., n.d.). Almost 218,000 Americans died from overdoses related to

prescription drugs from 1999 to 2017 (Opioid Overdose, 2018). However, “in 2016 alone, there were 1,821 opioid-related overdose deaths in Massachusetts—a rate of 29.7 deaths per 100,000 persons—compared to the national rate of 13.3 deaths per 100,000 persons” (National Institute on Drug Abuse, 2018).

Addiction is a very expensive disease. The cost of healthcare alone is through the roof in Massachusetts. The Opioid Epidemic cost Massachusetts 15.2 billion dollars in 2017 alone (Bebinger, 2018). The toll that the epidemic is taking on the Massachusetts economy currently has an expense of \$2.7 billion per year in lost business efficiency from representatives who aren't working at full limit, and \$5.9 billion in lost profitability from individuals who aren't even in the workforce (Blanding, 2018).

Many overdoses and death that comes from overdosing are unintended. Some people do not know what else is mixed in with their drugs that they are injecting. Also, the more people use an Opioid, the more they develop a tolerance for it. They eventually use more to get that same high that they got from the start. However, doing this usually ends up with an overdose. Since 2000, Massachusetts has seen an increase in unexpected opioid related overdoses, overdose fatalities, and individuals looking for substance use treatment, because of the utilization of remedy narcotic painkillers, fentanyl, and heroin (Fighting the opioid crisis, n.d.).

According to the CDC, more than 80 percent of people who misuse prescription pain medications are using drugs prescribed to someone else (Noonan, 2015). These drugs are almost always obtained from a friend or family member for free, purchased, or stolen. Because of this, it is imperative that physicians only prescribe patients who truly need opioids to get by with everyday life. Also, it is important for doctors to prescribe small amount of painkillers to their patient so that there is no extra to be sold or to start an addiction. In the fall of 2015, Massachusetts Governor Charles Baker proposed a bill to limit the amount of opioids that physicians could prescribe to their patients. Specifically, Baker proposed restricting the supply of these painkillers to a three-day supply, with few exceptions.

On January 13, 2016, the Massachusetts House consistently passed a bill to address the opioid crisis, which was like Baker's proposition yet contained a few imperative differences. Notably, the House's proposition restricted

the supply of opioids to seven days, as opposed to Baker's proposed three-day limit. On March 14, 2016, Baker marked the bill into enactment, which embraced the House's seven-day limit for first-time narcotic medicines, among different arrangements intended to improve prevention, treatment, and education of opioid abuse (Pearlman, 2016). However, this bill started to inflict tension with physicians. Doctors believe that they know what is best for their patients while the government does not. However, many people, doctors and politicians believe that this bill will be the quickest and most beneficial way to end the current crisis in the state of Massachusetts.

There are many ways to help reduce the use of Opioids and to reduce the occurrence of overdoses. The CDC recommends educating people on the correct places to store their pain medicines and proper disposal of their medicines. Most people are probably unaware that their medicine cabinets are attractive targets for those who would misuse opioids, and they could be an unwitting supplier (Noonan, 2015). An education program will help to provide guidance on how to safely store and secure medications, and how to get rid of them when they are no longer needed. Also, state campaigns try to help addicts and their families in need. The campaigns also try to encourage physicians to change the way they prescribe opioids.

There are also many state policies to help protect addicts. In Massachusetts, the activity of syringe trade programs, good Samaritan laws that give legitimate securities to bystanders who call for help in case of an overdose, and state Medicaid inclusion of methadone for the treatment of opioid use issue are all examples of protection for addicts. Furthermore, states encountering, or at a raised danger of, encountering HIV or hepatitis episodes may utilize government assets to help syringe administration programs (Massachusetts Opioid Epidemic, n.d.). There are more and more locations that are starting to open safe spaces for addicts to use. Some of these locations are lobbies inside of clinics that are made up of nurses and other professionals to help with addiction.

Recently, Charlie Baker, the governor of Massachusetts, did not sign a bill for safe injection sites to be available in Massachusetts. This started a lot of controversy. Some people believe that people are going to inject themselves whether there is a safe place for them to do it or not so they believe that having a safe space would be more beneficial to prevent over-doses and deaths. On the other hand, some people believe that creating safe injection

sites would promote people to try new drugs because they know their life would be saved by professionals. Also, people wouldn't be so scared to over-dose or die if they had a safe place to do it. Governor Baker said, "I'm not going to stand around and wait for something that can't happen. I would rather focus on the stuff that can, "chasing something that's not legal under federal law just doesn't make a lot of sense to me" (Markos & Markos, 2019).

Life expectancy in the United States fell two years in a row and a factor of that is due to the opioid crisis. The last time life expectancy fell in two consecutive years was in 1962 and 1963, when flu caused an uncommon measure of passing's. Generally a similar number of individuals passed on of narcotic related causes in 2016 as kicked the bucket from HIV/AIDS in 1995, the stature of the HIV/AIDS pestilence. A bigger number of individuals died from narcotic related causes than from car accidents in 2016 (40,327). Driven by the opioid crisis, more Americans passed on from medication overdoses in 2016 than the quantity of Americans who died from battling in the whole Vietnam War (Vance, A., & Schuster, L., n.d.).

Narcotic related deaths are not only high in Massachusetts; they are moderately high all through New England. Every one of the six New England states have opioid related death rates over the national normal, and five of the six have death rates generally twofold the national normal. Today, Lawrence and Lowell are focuses of the opioid exchange for the region, and fentanyl has highlighted noticeably in that exchange. In 2016, the New England Drug Enforcement Agency grabbed an extensive heroin plant in Lawrence, where heroin and fentanyl were being blended. Around the same time, one of the biggest cocaine and fentanyl blends was seized in Methuen (Vance, A., & Schuster, L., n.d.).

Fentanyl is a narcotic that can be prescribed, however is frequently created and disseminated illegally. It has turned out to be prominent among street drug dealers, since it is significantly more rewarding than heroin. Dissimilar to solution narcotics or heroin, fentanyl isn't generally taken without anyone else yet, rather, is utilized to make different medications increasingly intense. Since it's not utilized as an independent medication, clients are frequently unaware they are taking it, an absence of learning that is especially tricky thinking about that

fentanyl can be multiple times more powerful than heroin and multiple times more grounded than morphine. Additionally, other engineered medications that are similar to than fentanyl, like carfentanil, keep on developing (Vance, A., & Schuster, L., n.d.).

Nationally, fentanyl has turned out to be progressively pervasive, overtaking heroin and narcotic painkillers as the most widely recognized medication in narcotic related overdose deaths. In 2016, 19,413 individuals died from narcotic related passing's including fentanyl or other non-methadone synthetics, in excess of six times the comparing number from 2013. Fentanyl's presence in Massachusetts is brought into considerably more prominent alleviation when contrasted with different states. Massachusetts has the third most elevated fentanyl-related death rate in the nation, second just to New Hampshire and West Virginia (Vance, A., & Schuster, L., n.d.).

Heroin use is a basic factor in narcotic related deaths, especially in light of the fact that heroin is regularly laced with fentanyl. Heroin is the second most basic hidden reason for narcotic related deaths in Massachusetts, behind just fentanyl. In handling the opioid epidemic, limiting heroin utilization is a key procedure. But due to the high amounts of opioid prescriptions, heroin use does not appear to represent Massachusetts' outsized narcotic related death rate (Vance, A., & Schuster, L., n.d.).

I interviewed Katie Harvey, a recovering heroin addict from Marblehead Massachusetts. When Katie first started to try drugs, she was 16 years old and she started with Marijuana. However, after a few years, she started to take pills, acid, and cocaine. That eventually turned to heroin. Katie says that her boyfriend at the time was an addict and got her to try it. From the very first time she tried heroin, she was hooked. Katie would steal her mother's jewelry and other belongings that were worth a good amount of money to buy heroin. Her parents finally found out that something was wrong when they noticed almost all of the spoons in their kitchen were missing.

Katie was sent too many rehab hospitals and clinics but she would end up running away from all of them. Her parents even sent her to a recovery hospital in Florida which she still ran away from. Her boyfriend would tell her to escape wherever she was and find someone who would let her use their phone since she couldn't have a phone in rehab. Once she ran away, she would call her boyfriend and he would come to pick her up and take her

back to his apartment. As her addiction got worse, she started to lie to her parents about where she was and who she was with. When times were really rough, Katie would prostitute herself for money to use to obtain heroin. Her parents found out through the local newspaper that she was arrested for prostitution and that is when her mother gave up all hope for her. Katie's mother would text her every day to make sure she was safe and always texted her saying "I love you" even when Katie did not respond to her for days at a time. Katie mentioned that if it wasn't her for mother, she would have been dead a few years ago. Katie was always so scared to overdose in case she died and her mother wouldn't know what to do with herself.

Katie's mother and father would always go out searching for her. They would go to the local popular "shoot up" spot in Salem Massachusetts, near the commons. A few times, her parents have kidnapped her from her boyfriend's house, friends' houses, and cars. One time her mother was driving by her right before she was about to shoot up in her friend's car. When her mother saw, she pulled up right behind the car Katie was in and pulled Katie out of the car by her hair with a needle still in Katie's hand. The police were called by bystanders and Katie was then sent to rehab once again. Katie mentioned that she went to over 20 rehabs in all different states but none could help her. Half the time, they didn't even have beds for her to sleep in.

Katie has been sober for almost two years and she holds a full time job as a hair and makeup artist. She also has a new boyfriend who she shares an apartment with and two cats. She hopes to get engaged soon and start a family. She says that she battles her mind every day because it is so hard for her to stay sober. She thinks about heroin every day and how it made her feel "invincible." Through the treatment that she was finally able to receive, she was able to acknowledge that she was damaging her life and was heading towards rock bottom. Through her parent's guidance, she was able to get her life back on track so that she can now be a productive part of society.

Katie's mother wrote a book called "If you love me" and it tells the story of Katie's addiction. Her mother was ashamed at first to write this book since she is from Marblehead, a wealthy, primarily white, stuck-up fisherman town whose families do not usually face the same struggles with their children as her mother did. Once she finally published the book, it was advertised in Barnes and Nobles and Amazon next to Michelle Obama's recently

published book. Katie's mother now campaigns and joins groups to help end the stigma of addiction and to help other people's children and families. Her mother quit her full time job to do research regarding the opioid crisis and to console families, specifically mothers who have lost their children to the epidemic. It is important for parents to have friends or acquaintances that share similar stories to help overcome their nightmares that unfortunately are reality for parents and family members of addicts.

It is clear that Massachusetts has a massive Opioid issue which needs to be solved. More addiction hospitals and clinics need to have more beds and workers for addicts to be able to go to. It is very difficult to find a hospital that currently has open beds. Also, the stigma of addicts needs to change. Instead of seeing a homeless person on the side of the road and automatically assuming they are a "junkie" people should realize that those people do not want to be homeless and they did not choose that life. Instead of using the words like "junkies" or "druggies" we need to start using the word "addict." Lastly, the pharmaceutical companies must take responsibility for part of this crisis. Starting from the ads on television to the physicians prescribing the opioids, there are a lot of pain killers being publicized to society in many different forms. Continuing to publicize these medications will only make the issue worse.