

BREAKING THE CYCLE

THE OPIOID EPIDEMIC IN AMERICA



OVERVIEW

Across the United States, about 90 people die per day due to opioid overdoses, which equates to every three in five overdose deaths being linked to opioids in America (USDA & HHS). Even more tragically, about 21 to 29 percent of patients misuse the opioids that they are given to treat their pain (NIH). With these alarming facts in mind, some consider these deaths to be prescribed, as patients have become addicted to oxycodone and other opioids, causing them to crave beyond what has been prescribed and inciting addiction to more and more painkillers. This cycle, left untreated and

unbroken, will continue to ruin the lives of people of all ages and backgrounds, including babies born addicted to these drugs.

To give people the chance to live a life free of addiction, it is time for us as a community to break this cycle. There are many ways to go about solving this problem, such as targeting big pharmacy suppliers, allowing better access to treatment through medical providers and health care insurers, and improving the way we educate people about opioids. While increasing the legislation surrounding addictive opioids may prove to be beneficial, increasing the access to treatment clinics and increasing education about opioids may also contribute to lowering the numbers of deaths linked to opioids as well. Though there is no "right" answer to the opioid crisis, it is important to discuss the implications of these arguments so that our community can decide for itself what the best plan of action could entail.

This issue guide serves as a resource for you to learn more about the opioid crisis through the perspectives of the three arguments provided in greater detail. There is also an "at a glance" guide on each argument's page that outlines the advantages and drawbacks of each approach.

APPROACHES

BIG PHARMA & SUPPLY

Through governmental intervention by increasing regulations on the Pharmaceutical industry the opioid crisis can be targeted by limiting the supply and warning the public of the dangers of opioid use.

PUBLIC HEALTH & TREATMENT

By instituting health care reform, such as retraining physicians and expanding treatment availability, the opioid crisis can be treated like a public health epidemic and subsequently be stopped.



COMPREHENSIVE EDUCATION & PUBLIC AWARENESS

Through comprehensive education and awareness campaigns, including school curriculums, presentations, and social media, the opioid crisis can be targeted at its source in order to help young people avoid addiction in the first place.

BIG PHARMA & SUPPLY

One of the most controversial aspects of the opioid crisis is the legality of the substances in question. Unlike other hard drugs like cocaine and heroin, most opioids can be obtained with a legal prescription, and are prescribed primarily to post op and terminal patients who are dealing with extreme and/or chronic pain. Naturally, manufacturers of these drugs want to see more of them sold, leading to aggressive incentivisation by them upon american doctors to prescribe their drugs. Such is the nature of the "Big Pharma" debacle in the US. This approach focuses on the supply and enforcement of the opioid epidemic.

The Pharmaceutical Industry in the United States is one of the largest within the US economy. With a revenue of 446 Billion dollars in 2016, the US holds over 45% of the global pharmaceutical market (Statista 2018). The role of the Industry in the opioid epidemic of US is evident in the amount of revenue made from the production and distribution of opioids throughout the US. In the past few decades, there has been a significant demographic shift of heroin users, as affluent suburban caucasians who have had been prescribed or introduced to pharmaceutical opioids such as OxyContin for various medical procedures are far more likely to use it once an addiction is developed and prescription pills become too costly. A study conducted by Washington University in St. Louis in 2014 proclaims that "94% of opioid users" in the study reported turning to

heroin because of the high price and difficult accessibility of prescription drugs (Cicero 2014). With the increase in overdose deaths within the United States action needs to be taken for the sake of millions of families.

Action needs to be taken by the US government to combat these corporations, as they currently are operating with little to no policy resistance, allowing for them to take the shape of a legal cartel operating within our borders. The FDA is "deeply concerned about the growing epidemic of opioid abuse" and within the last year has produced an Action Plan (FDA 2017). However without support from Congress which has a strong Pharmaceutical lobby there can be no real effective change. The current plan uses a series of tactics to enforce Big Pharma corporations to take responsibility for the addictive properties of opioids, notifying the public of these properties, and releasing post market data (FDA 2017). By using the approach of targeting and regulating big pharmaceutical companies to label their products addictive, warn the public, along with limiting procedures that can be prescribed painkillers the cycle of opioid abuse can be broken.

ADVANTAGES

- Making Big Pharma Responsible for the amount of Opioids prescribed
- Regulating which drugs with addictive properties are approved by the FDA
- Reduce the amount of opioids prescribed by doctors for minimal procedures
- Makes the public aware of the direct danger of such drugs

DRAWBACKS

- Court Cases fighting the Pharmaceutical Industry
- No action could result of lobbyist groups form the Pharmaceutical Industry
- Economic loss from the revenue of Big Pharma
- Increased regulation on legal distribution will result in a less competitive market for illegal cartels



ADVANTAGES

- Provides low-cost treatment for victims of the crisis, mitigating the dangerous effects of opioids
- Provides training for physicians to prevent further spread of addiction
- Stimulates the search for pain treatments other than opioids
- Funding bolsters the medical communities capabilities

DRAWBACKS

- Care primarily targets those who have already been affected by opioid use
- Medical research for new drugs requires time
- Market for private addiction care could be negatively impacted
- Requires the use of significant public funding

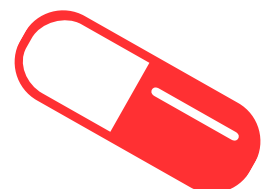
PUBLIC HEALTH & TREATMENT

The opioid crisis should, as any medical epidemic, be treated first and foremost by medical professionals and health care providers. This crisis concerns public health and subsequently requires health care reform, expanded health insurance coverage, increased access to addiction treatment programs, and higher availability of alternative medications, to help those suffering from opioid addiction and protect those at risk of becoming addicted.

75% of Americans currently addicted to opioids began with an over prescribed dosage from a physician. This staggering figure illustrates the need for physicians to be retrained and given guidelines to prevent their patients from being overprescribed and subsequently become addicts (Martin). Even more surprisingly, only about one in ten Americans seek treatment for opioid addiction, with a third of those not seeking treatment attributing it to the high costs of treatment and a lack of insurance coverage (Wen et al.).

The best way to address these issues is a complete system overhaul to codify treatment and prescription guidelines in all hospitals, healthcare facilities, and treatment centers. Recently, the CDC issued guidelines concerning the opioid epidemic, the NIH is performing research, and the federal government has funded the Substance Abuse and Mental Health Services Administration (SAMHSA), but these efforts have fallen short (NIDA). Instead, private payers, insurance companies, and individual states or cities have had to take the epidemic into their own hands (Martin). For example, in Boston, the administration passed legislation such as the CARE and STEP Acts to direct addicted patients to treatment centers, to upgrade their prescription monitoring technology, and to give more funding to substance abuse treatment centers (Pitman). Similarly, sixteen of the largest insurance companies have formed the Substance Use Disorder Treatment Force to address the lack of consistency in protocol from health care providers, facilities, and treatments for the opioid crisis (Lee). This effort is currently being funded privately (Lee).

If the US government took immediate and decisive actions like Boston and these insurance companies, the collective strength of government funding and nationwide legislation could stop the opioid epidemic. This approach would be three-pronged: firstly, it would teach physicians to recognize the effects of opioid addiction and avoid overprescribing opioids to patients. Secondly, it would increase access to addiction treatment centers for patients by simultaneously funding these centers and working with insurance companies to make treatment less costly. Thirdly, it would fund research into alternative pain medications so future prescribing of opioids can be avoided unless absolutely necessary. With greater awareness, greater accessible treatment centers, and more alternative medications, the opioid crisis could come to an end, but only if the opioid epidemic is addressed as a public health epidemic that requires unified federal intervention.



COMPREHENSIVE EDUCATION & PUBLIC AWARENESS

In breaking any cycle, it is most intuitive to start at the beginning. By targeting younger audiences--specifically high school students--with campaigns to avoid addiction, we can most effectively combat the growing opioid crisis. Success stories of such campaigns are already familiar to our generation. For instance, the Truth movement to curb tobacco usage was established in 1999 and has since worked to eliminate teen smoking. From the year 2000 to now, teen smoking has decreased from 23% to 6% as a result of Truth's expansive efforts. In light of their headway, Truth created the "Finish It" campaign in 2014, urging America's youth to be the generation that ends smoking (Truth). The success of movements such as Truth show the promise that lay in young generations to recognize risks and purposely avoid them. With more funding and effort, Truth and other programs already in existence could easily expand to include opioids and provide preventative education on the crisis.

Conversely, by observing the failures of other prevention programs, we can better understand how to structure the creation of new education. The D.A.R.E. program was known for its attempts at sweeping drug and alcohol reform, however, proved unable to achieve its ambitions. The problem in D.A.R.E.'s approach, according to activist Jeanine Motsay, laid in its elementary aged audience. Motsay, who lost her son to drugs and has since founded the awareness campaign, Sam's Watch, on his behalf, claims that education during middle and high school is much more formative on students' developing brains. As such organizations gain influence, they have showed promise through their wide reach. Sam's Watch alone influenced 45 schools in Indiana with over 34,000 students total to participate in national drug awareness campaigns. Furthermore, research into the effects of presentations in schools showed that the number of students willing to report a friend using drugs increased 40% after receiving the information. Likewise, schools in Maryland using more intensive drug education programs reported an increase in the number of referrals amongst students regarding concerns about addiction. These statistics suggest that as awareness increases and students learn the consequences of drug abuse, the course of the opioid crisis will be altered greatly (Wallace).

If our goal is to ultimately make changes federally, an important factor to consider is where the funding should come from. The debate over whether this epidemic is a public health crisis or a criminal issue would determine where the money would come from. However, as the Rand Corporation points out, it is important to note that the primary cost is not necessarily a dollar amount, but rather the cost of lost time where students are missing out on learning core curriculum (Caulkins). While education has the potential to be an important tool in combating opioid addiction, we must address the balance of these tradeoffs and benefits to decide how best to break the cycle. .

ADVANTAGES

- Decreases the impact of the crisis on younger generations
- Past success shows promise for education later into life
- Has already increased awareness and knowledge of how to deal with addiction in high schools

DRAWBACKS

- Question of who the funding should come from, i.e.; should the education be mandated? If so is it education or medical funds? If not, how should third party programs be administered?
- Past research is about tobacco, alcohol, etc. not opioids
- In most case has to "make an example" of past tragedies



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