# Opioid Drug Abuse

## Introduction

Opioid drug abuse has caused the death of more than 115 Americans every day. The addiction and misuse of this drug including fentanyl which is a synthetic opioid, heroin and prescription pain relievers are now considered a national crisis which affects the economic and social welfare. Additionally, I chose this problem because the opioid drug abuse crisis has affected public health. Opioid drug abuse is a social problem which has led to the loss of lives, affected the economy and had left families hopeless making it an interesting area for research.

As noted above, I selected this problem due to its significant impact on the health industry and its manifestation as a societal issue that is associated with addiction. Moreover, the issue has resulted to a significant financial decline of the pharmaceutical industry and government funds that go into regulating and treating opioid addiction. The addiction and abuse of opioids such as pain relievers and heroin have become a serious problem globally, and it has affected economic, social and health welfare (Volkow, 2014). According to statistics, the number of people who abuse opioids is between 26.4 million and 36 million globally. In 2012, the number of people suffering from opioid drug abuse effects was around 2.1 million and around 33000 Americans die from heroin overdose ("Opioid Overdose Crisis", n.d.). Many factors have contributed to the increase in some addicted globally. These factors include pharmaceutical companies have invested large sums of money in selling prescription drugs, medications are used for different purposes and dispensed, and written prescriptions have increased.

## Research

Opioids include prescription drugs and heroin which are highly addictive substances, and the effects can be personal, social and affect the economy. At a personal level, opioids may lead to other health problems such as heart failure, kidney failure and diseases such as HIV due to sharing of needles (Strathdee et al., 2010). These drugs can affect almost every part of the body. The cost of treating such diseases is very high, and it eventually leads to premature deaths. Drug abuse is considered among one of the leading causes of risk mortality globally. The increase in opioid trafficking has increased the opioid epidemic since trafficking increases the accessibility of opioids. In addition, the possession of insurance by citizens of the United States results in prescription of expensive drugs, which has increased opioid use especially in developing nations (Pollack, 2017). Unethical pharmaceutical stores have participated in increasing the opioid epidemic by prescribing and selling opioids such as hydrocodone ad oxycodone (Rousseau & Nordan, 2017). The United States government has invested more money than it should as a way of reducing and eliminating this menace. This means that other developments in the country have to be put on hold and more money is allocated reducing opioid drug abuse.

On a global scale, most of the social variables remain the same as those observed at the local level. For instance, the unethical practices that are present in developing nations such as the United States are also observed in developing nations such as Kenya. In addition, drug trafficking has been declared an international problem and numerous nations are observed to work together to control the issue of drug abuse in their respective nations.

Different methods have been used to treat this social problem. When opioid drug addiction problem is noted in its early stages, the chance of success is higher than when it is identified late (Benéitez & Gil-Alegre, 2017). The first method is detoxification programs, which are a way of withdrawing the opiate in the body. Detoxification helps in reducing withdrawal symptoms both corporal and personal reactions which happen when a person stops taking drugs (Brown & Alper, 2018). Withdrawal symptoms lead to higher chances of relapse. Another method is medication-assisted treatment which involves the use of medical options approved by medical bodies to counter the addiction to opioids. Some of the medications include naltrexone and methadone.

All parties in the medical industry have a role to play including clinicians, pharmacists, and patients. One of the intervention that has helped control opioids is the introduction of strict regulations in the pharmaceutical industry. Clinicians are in a good position to prevent the consumption of nonmedical purpose prescriptions (Zacny et al., 2003). Doctors can ask patients which drugs they are taking and explain to them the effects of each drug. Electronic databases such as Prescription drug monitoring programs (PDMPs) have also been successful in reducing opioid drug abuse (Haffajee, Jena & Weiner, 2015). Patients also have a role to play in ensuring that the take prescribed drugs appropriately through following doctors prescriptions and understanding the effects of combining one drug with another. The opioid drug abuse menace is one that both government and private organizations should work on reducing.

## Approach

In reference to this problem, there are numerous biases that have emerged concerning the issue. For instance, people classify addicts as individuals that have chosen to engage and get addicted to a given problem. However, an individual is not an addict by choice and he or she requires assistance to eliminate the addiction. In addition, people classify rehabilitative centers as a waste of tax but rehabilitation restores addicted people to become productive members of the society, thus, it has a productive effect.

I believe that everybody has a chance to get a second chance despite getting addicted to substances. Moreover, I think that everybody in the society should participate in improving the lives of each other and helping each other have productive lives. One of my biases on the issue is my tendency to blame Mexicans for the presence of Opioids. I have always blamed the presence of opioids presence in the United States to trafficking across the Mexican border. This might affect my analysis since I may fail to focus on the appropriate groups resulting in the Opioid epidemic such as unethical pharmaceutical stores.

The functionalist perspective declares the society as a system that comprises of integrated portions, which are required to operate as a whole to enhance the state of equilibrium and balance (Mooney, Knox & Schacht, 2007). Based on this theory, it is evident that addiction brings about imbalance and affects the state of equilibrium of a society since various individuals are dysfunctional due to opioid addiction. Thus, I would propose the implementation of an approach that demands proper coordination between the government, welfare groups, nonprofit organization, healthcare organizations and healthcare personnel to ensure that opioid addicts are treated and transformed into productive members of the society.

Dear Sir/Madam,

RE: Letter of Intent

In America, over 115 deaths are reported daily because of the abuse of opioids. This presents just one of the statistics that illustrate the intensity of the problem and the need for action to reduce the economic and social impact of the crisis. The resulting economic burden on the Centers for Disease Control and prevention is classified as $78.5 billion annually, which incorporates the cost of addiction treatment, decreased production, healthcare costs and the operation of the criminal justice system.

The proposed approach involves the optimization of America’s abuse, prevention and treatment methods. The funds towards the initiative will be used in the development and funding of the research initiatives and products in the classification of medical devices, pharmaceuticals and health technologies. They should play a significant role in addressing one or more problems that is related to opioid abuse. There is a need to fund research projects that enhance the safety of treatment of chronic and acute pain to eliminate the use of opioids.

We have a chance to demonstrate to the citizens of the United States that we take the epidemic seriously through assisting the individuals that are fighting to overcome the opioid addiction. However, our reaction needs to be one that is developed to counter the demands of families first. Failure to commit trained staff, time and money to eliminate the crisis will be a let-down to the people that need the governments assistance in a desperate manner. Please consider my suggestions.

Yours Sincerely.

## References

Benéitez, M. C., & Gil-Alegre, M. E. (2017). Opioid addiction: social problems associated and implications of both current and possible future treatments, including polymeric therapeutics for giving up the habit of opioid consumption. *BioMed research international*, *2017*.

Brown, T. K., & Alper, K. (2018). Treatment of opioid use disorder with ibogaine: detoxification and drug use outcomes. *The American journal of drug and alcohol abuse*, *44*(1), 24-36.

Haffajee, R. L., Jena, A. B., & Weiner, S. G. (2015). Mandatory use of prescription drug monitoring programs. *Jama*, *313*(9), 891-892.

Mooney, L., Knox, D., & Schacht, C. (2007). Understanding social problems (5th ed.).

Opioid Overdose Crisis. Drugabuse.gov.

Pollack, H. A. (2017). Dealing more effectively with problematic substance use and crime. *Crime and justice*, *46*(1), 159-200.

Rousseau, L., & Nordan, I. E. (2017). Tug v. Mingo: Let the Plaintiffs Sue-Opioid Addiction, the Wrongful Conduct Rule, and the Culpability Exception. TM Cooley L. Rev., 34, 33.

Strathdee, S. A., Hallett, T. B., Bobrova, N., Rhodes, T., Booth, R., Abdool, R., & Hankins, C. A. (2010). HIV and risk environment for injecting drug users: the past, present, and future. *The Lancet*, *376*(9737), 268-284.

Volkow, N. D. (2014). America’s addiction to opioids: heroin and prescription drug abuse. *Senate Caucus on International Narcotics Control*, *14*.

Zacny, J., Bigelow, G., Compton, P., Foley, K., Iguchi, M., & Sannerud, C. (2003). College on Problems of Drug Dependence taskforce on prescription opioid non-medical use and abuse: position statement. *Drug & Alcohol Dependence*, *69*(3), 215-232.