

# The Fight For The Right To Live: The Opioid Epidemic in America

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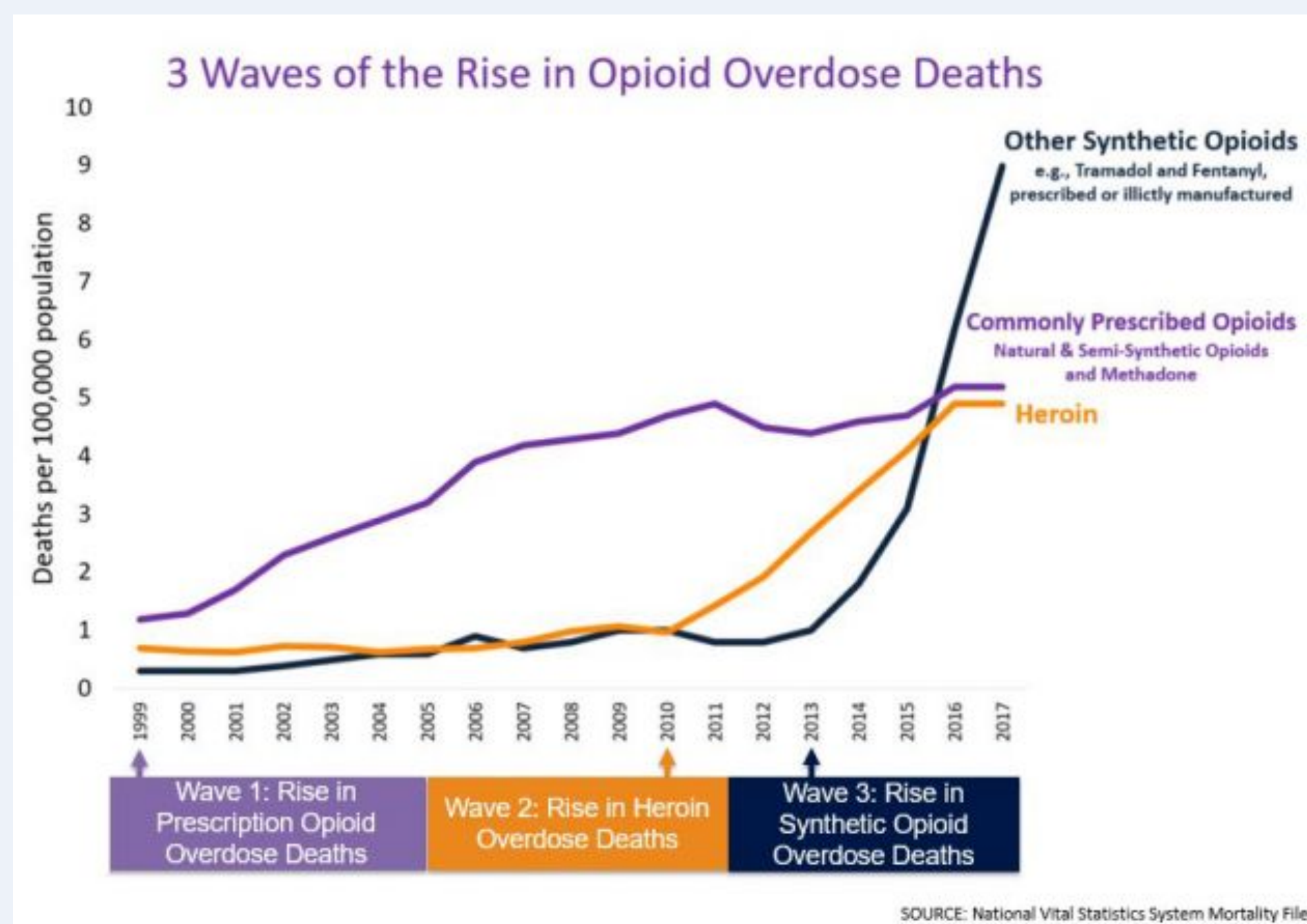
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## Why is there an Opioid Epidemic in America?

Addiction and the opioid epidemic did not start when the first person took the pill, it started with the creation of the pill. Purdue Pharma, the creators of the drug OxyContin and part of Big Pharma, were surprised to find out that people were abusing the drug. This is because it is not like other prescription painkillers that can be abused. Most people choose to abuse painkillers, such as Percocet, because the drug is designed to quickly relieve the pain, so those that use it to get high, will instantly get high. Complaints were called in about the addictiveness of the drug by doctors, such as Van Fleet from Pennington Gap, Kentucky. Studies were asked to be done on the effects and consequences of using opioid drugs. Big Pharma took ten months to begin conducting studies and research. The research and studies were not conducted justly. Businesses in the pharmaceutical industry did not like what they found, so they decided to only let the public know the benefits of the drug and not the repercussions that come with the use of these strong painkillers. Big Pharma censored data by using “on-treatment” tests of the drugs. Then, using lies and censored data sold the drug on the market. They were able to do so by using the claim that the pain killers were not addictive. Saying that it was so safe, that even eleven year olds could be taking it. This was so far from the truth but business does not care about people, all businesses care about is revenue. Big Pharma created the opioid epidemic. They believed that their billions of dollars in revenue was more important than the safety of Americans.

## Who is affected by the Opioid Epidemic?

Opioid addiction can affect anyone and everyone. Every 1 in 3 people are affected by opioids in some sort of fashion, whether it be personally addicted themselves, or knowing someone who is. Within the United States, 17.6% of high school seniors claim to have medically used prescription pain medicine, where 12.9% reported nonmedical use of opioid painkillers. On top of that, many Americans are completely blind to how serious this problem is, even though one in three Americans are affected by opioid addiction and 10% of the population uses. Out of the entire United States population, 38% have reported using prescription opioids in one way or another.



## What can be Done to Stop the Opioid Epidemic?

### Harm Reduction Measurements

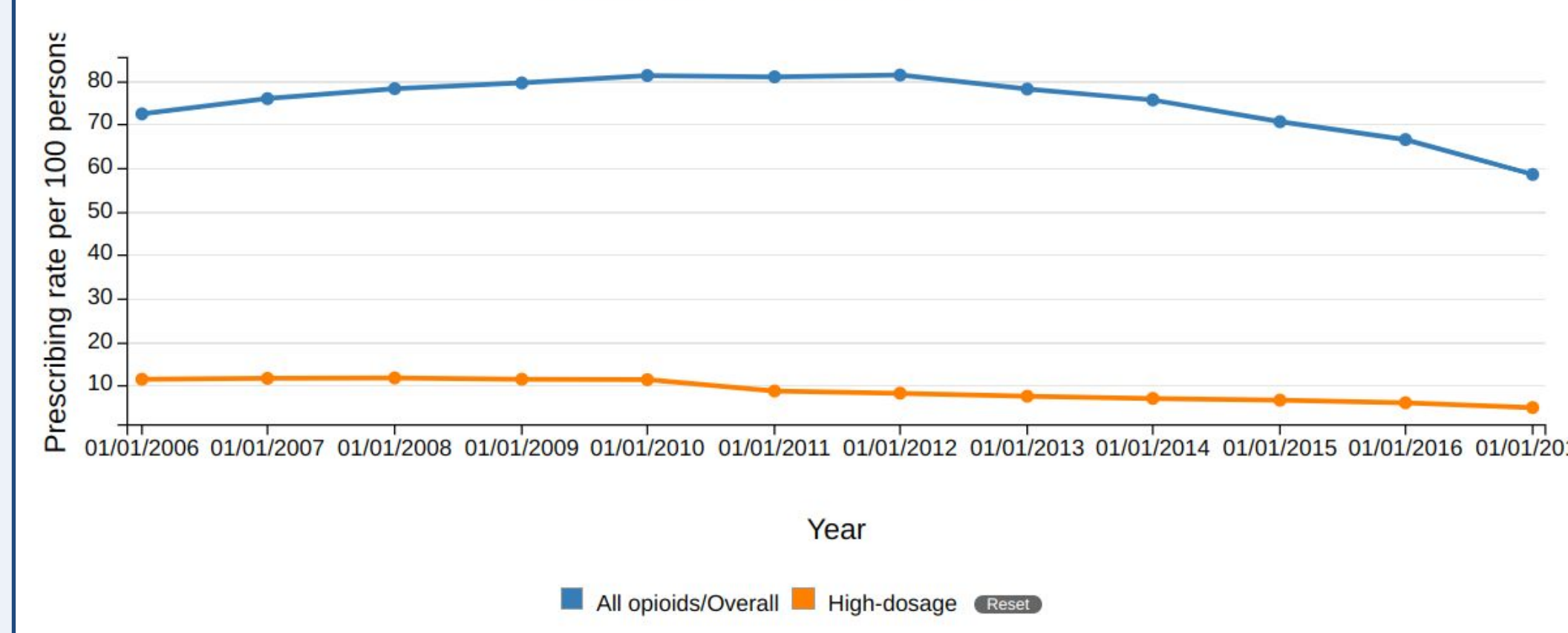
Harm reduction sets society up for success by less people dying from overdoses. If less people die from addiction, more people can become sober. When more people become sober, there are more voices that can advocate for those who are struggling. More voices that can inspire and help those still using get help and get to sobriety. Harm reduction is an important necessity that needs to be implemented to not only end the opioid crisis in America, but also to save more lives. Hampton compared harm reduction with drug use to adding seat belts in cars. The seat belt is up to the person to use, they make the decision or not as to wear it, and if they crash, hopefully it is on. Two harm reduction measures that the United States needs to take are safe injection facilities and on-site naloxone.

### Breaking the Negative Stigma

The only problem with trying to get the policies in motion is that there is such a negative stigma built around people with drug addictions. As mentioned early, people tend to forget that anyone can fall victim to a drug addiction. It is not just the homeless man or crack-head that people always assume. Once the negative stigma is broken, then it will become easier to implement public policies that will help end the opioid epidemic in America. They believe that people who use drugs choose to be the way they are and it is up to them to help themselves. It is the “you got yourself into this mess, you get yourself out of this mess” negative mindset that causes issues when trying to get help for people with drug addiction problems. Negative mindsets that people have around the disease of addiction will be the death of all public policies around the opioid epidemic, and hopefully that will not lead to the death of more people that could have been saved from these policies.

## Opioid Prescription Rates

### Trends in Annual Opioid Prescribing Rates by Overall and High-Dosage Prescriptions



This graph shows the rate at which opioids were prescribed over the years. Doctors and dentists are just as guilty, due to over prescribing medications, as the Big Pharma industry when it comes to why the opioid epidemic started in the United States of America.

## Public Policies to Save Lives

### Safe Injection Facilities

“Safe injection facilities (SIFs) have shown promise in reducing harm and social costs associated with injection drug use. Favorable evaluations elsewhere have raised the issue of their implementation in the United States,” (Beletsky, Davis, Anderson, & Burris, 2008). Injection drug users, IDUs, face many issues besides addiction. Some problems they endure while using their drug of choice is the possibility of contracting AIDs, HIV, and Hepatitis. Other medical problems they can acquire is skin abscesses and endocarditis. On top of that, death is always an option for IDUs because overdoses are happening at a quicker and faster rate than before due to the introduction of fentanyl to the drug market. Many of these deaths or health problems could be greatly reduced or even completely prevented if IDUs had a place that was safe and clean to be able to properly use sterile injection devices. There is a correlation between the implementation of SIFs and a decrease of blood-borne illnesses, as well as an increase in getting treatment.

### On-Site Naloxone

“Naloxone is a medication designed to rapidly reverse opioid overdose. It is an opioid antagonist—meaning that it binds to opioid receptors and can reverse and block the effects of other opioids,” (National Institute on Drug Abuse, 2020). Naloxone can be used for any type of opioid overdose, heroin or prescription painkillers, and helps to restore stopped or slowed breathing that occurs during an opioid overdose. The best type of on-site Naloxone device would be *NARCAN*. *NARCAN* is a nasal spray that can be administered by anyone. All the person has to do is spray the nose of an individual who is overdosing. Since overdoses can happen anywhere and to anyone, Naloxone should be kept on hand at the same location in public places that defibrillators are kept. This is a harm reduction measure that will save lives. It is a preventative measure too, not because it will prevent people from using, but it will prevent people from dying. This helps keep people alive long enough to go and get help.



## References

- HAMPTON, R. (2019). *AMERICAN FIX*. [S.1.]: GRIFFIN.
- Meier, B. (2003). *Pain killer*. Emmaus, Pa.: Rodale.
- WALKER, N. (2019). *CHERRY*. [S.1.]: VINTAGE.
- Centers for Disease Control and Prevention. (2019). *CDC Works 24/7*. [online] Available at: <https://www.cdc.gov/> [Accessed 21 Oct. 2019].
- Lembke, A. (n.d.). *Drug Dealer, M.D.*
- STAT. (2019). *Here's who is most vulnerable to misuse prescription opioids*. [online] Available at: <https://www.statnews.com/2017/07/31/opioids-use-disorder-prescription/> [Accessed 14 Nov. 2019].
- Los Angeles Times. (2019). *Justice Department slams DEA for allowing dramatic oxycodone production increase as opioid crisis grew*. [online] Available at: <https://www.latimes.com/business/story/2019-10-01/opioid-production-justice-department-dea> [Accessed 1 Dec. 2019].
- Cassoooboy, A. (2017, December 28). At Risk Groups for Prescription Drug Addiction. Retrieved from <https://www.webmd.com/mental-health/addiction/prescription-drug-addiction-risk#2>.
- U.S. State Prescribing Rates, 2014. (2017, July 31). Retrieved from <http://www.cdc.gov/drugoverdose/maps/rxstate2014.html>.
- National Institute on Drug Abuse. (2019, May 22). Opioid Summaries by State. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state>.
- Beletsky, L., Davis, C. S., Anderson, E., & Burris, S. (2008, February). The law (and politics) of safe injection facilities in the United States. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2376869/>.
- National Institute on Drug Abuse. (2020, February 20). Opioid Overdose Reversal with Naloxone (Narcan, Evzio). Retrieved from <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>

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