THE EFFECTS OF THE OPIOID EPIDEMIC IN THE UNITED STATES

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ABSTRACT

Many individuals are prescribed opioids for pain management in the United States. Although these medications have proven to be effective at pain management, they are highly addictive. Within our research, we address the factors that have contributed to the opioid epidemic as well as some potential solutions other healthcare facilities are implementing.

Key words: opioid epidemic, opioid crisis, effects of opioids, opioid use disorder, pain, needle exchange program, substance abuse, social crisis

Many individuals have been prescribed opioid analgesics for pain management in the United States. While these medications can be helpful in managing short-term pain, it can have negative effects on the consumer when taken incorrectly or when taken for long periods of time. Many providers send these medications home with the patient and provide a detailed description on how much they should take and how often they should take it. However, many providers do not account for the fact that this medication can become addictive when taken incorrectly and can cause the patient to rely solely on the medication for relief (Higgins & Simons, 2019).

Higgins & Simons (2019) found many factors contributing to the opioid epidemic. It is mentioned that a surge in opioids began in 1995 when Oxycontin was first released on the market (Higgins & Simons, 2019). It is stated, "Four out of five heroin users report they began opioid use with prescription opioids," (Higgins & Simons, 2019). These numbers are very significant and create a definitive link between prescription opioid abuse, and the opioid epidemic. Although the epidemic began with prescription medications, it has transformed into illegal drugs such as heroin. Heroin and fentanyl that are sold on the streets now contribute to more deaths than prescription opioids (Higgins & Simons, 2019).

Ash et al. (2021) provided a report regarding opioid dependence and measured their network took to improve patient outcomes. In partnership with the CDC, Mercy Health proposed plans to prevent the number of opioid-related deaths in the Ohio-Kentucky area. Among these proposals, the most significant were opioid prescription and MEDD alerts, as well as waste disposal sites located at hospitals and schools. The alerts allowed physicians to see when a patient has been on an opioid for a longer duration than recommended, as well as alerting them to higher doses than recommended. The alerts were implemented to increase patient outcomes, as well as increase patient safety. The disposal site idea was recommended as a way for patients to dispose of unwanted medications in common areas that are easily accessible. This will promote patient safety by removing unused opioids and other addictive substances from the home and discouraging temptation of the medications when they are unnecessary (Ash et al., 2021).

Blanco et al. (2022) explained many different principles that have contributed to the opioid epidemic. Among their research, they concluded that many social determinants play a role in the epidemic and increase likelihood of substance abuse disorder such as housing situations, income levels, populations, and crime rates. In areas where there are higher crime rates and lower income, opioid use is more common than areas with lower crime rates and higher income. Their solution to the epidemic is encouragement of prescribed medications for opioid use disorder, or MOUDs, as well as a needle exchange program. The medications, when person-centered, have increased

patient outcomes, but a needle exchange program still has the potential to reduce diseases and increase patient outcomes even if they continue using opioid medications. One of the main barriers of the medication program is accessibility, but the needle exchange program is more easily accessible to people without having to visit a healthcare provider. However, if the medication program was accessible to all patients regardless of status, it could increase the likelihood of better outcomes for all individuals (Blanco et al., 2022).

Lyden & Binswanger (2019) stressed the importance to address improving prescribing practices, increasing medications for opioid use disorder, and reducing the stigma to battle opioid use. It is estimated that in 2016 the number of opioid medications was three times the amount prescribed in 1999 (Lyden & Binswanger 2019). Because of these estimates and the 17,000 plus individuals that died from pharmaceutical opioid overdose, the CDC released the prescribing drug guidelines to assist clinicians to help with prescribing and prescription drug monitoring programs (PDMP) were established throughout the United States. Currently, there are three medications available to help treat those with opioid use disorder. The medications are methadone, buprenorphine, and naltrexone. Methadone and buprenorphine are known to reduce opioid use and reduce mortality (Lyden & Binswanger 2019). Reducing stigma is important, because terms such as “addict” and “substance abuser” provoke negative feelings towards those with opioid use disorder (Lyden & Binswanger 2019). Changing these barriers can change the outcome of those suffering from opioid use disorder.

Some states are working to battle the opioid crisis by researching alternative methods to pain management and delivering that information to patients, because they feel that patients are mis-informed about the non-pharmacological methods to chronic pain control. LeLaurin (2023) determined the alternative methods to pain management remain underutilized because of barriers such as time, cost, and lack of clinical training. The study was conducted in a Florida hospital emergency department that housed 700 beds. The program used the pain coaching program which is from the Pain Assessment and Management Initiative (PAMI). All participants were 14 years or older and were selected through the electronic health record; some of the exclusion included those with psychosis, incarcerated, or critically ill. The program provided information about non-pharmacological methods like restorative therapies, complementary and integrative health, and non-opioid medication management (LeLaurin, et al. 2023). Effectiveness was evaluated by the (RE-AIM) framework, which evaluated reach, effectiveness, adoption, implementation, and maintenance (LeLaurin, et al. 2023). At the study’s conclusion 550 patients had participated and of those 61% reported the program was helpful and 39% were unsure at the time.

Overall, the opioid epidemic has caused a major effect on the population in the United States since opioids were first released to the public in 1995. Although the fault cannot be completely put on the healthcare system, there are many measures that can be taken to reduce dependency rates and increase patient outcomes. Nurses and physicians should advocate for their patients and decrease the number of opioids prescribed, as well as suggest alternative therapies to decrease pain so patients do not overmedicate and become dependent upon opioids to live their day-to-day lives (Ash et al., 2021). If a patient is suspected of abusing opioids or if they have been on them for a longer than the suggested time frame, they should be included in a program for MOUDs that can help them to stop taking opioids. Although some of the social aspects cannot always be changed, healthcare workers can advocate for their patients and increase outcomes by providing them with patient-centered care to address their needs (Blanco et al., 2022). ■

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SOCIAL SCIENCES

Unconditional Love, Victoria Arthur, IUE Student 2023