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Introduction to Sociology

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Opioid Abuse and Addiction

Drug abuse has a long and storied history in the United States, and we've been "at war" with it since 1971 under the Nixon administration. But no matter who is in office, the federal drug budget continues to increase, growing from \$28.8 billion in 2017 to \$29.9 billion in 2019.

The current administration seems to be taking a hardline approach to drug use. In addition to the issue of drugs crossing the border from Mexico, President Donald Trump has been focused especially on the opioid epidemic, even declaring it a national crisis. Unfortunately, any progress made on that front is threatened by the coronavirus pandemic, as social distancing ends up creating more potential for relapses and overdoses.

Given the uncertain future and lack of significant progress to date, it's fair to wonder where drug abuse is most pronounced and which areas are most at risk. This report attempts to answer those questions by comparing the 50 states and the District of Columbia across 22 key metrics, ranging from arrest and overdose rates to opioid prescriptions and employee drug testing laws.

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.

All opioids are chemically related and interact with opioid receptors on nerve cells in the body and brain. Opioid pain relievers are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused (made in a different way or in a larger quantity than prescribed, or taken without a doctor's prescription). Regular use—even as prescribed by a doctor—can lead to dependence, and when misused, opioid pain relievers can lead to addiction, overdose incidents, and deaths.

Opioid misuse means you are not taking the medicines according to your provider's instructions, you are using them to get high, or you are taking someone else's opioids.

Addiction is a chronic brain disease. It causes you to seek out drugs even though they cause you to harm compulsively.

The Office of the Medical Examiner says that 277 Mainers died from drug overdoses in the first nine months of 2019, which is leading the state to exceed the total for 2018.

Drug overdose deaths in Maine appear to be on the rise again after a slight decline in 2018, underscoring the continuing challenge facing Maine to combat the opioid addiction epidemic.

Gordon Smith, who Governor Janet Mills appointed as Maine's opiate response director last February, said the latest numbers were disappointing and discouraging, especially after a 15 percent decrease in overdose deaths from 2017 to 2018.

"It just seems to me that in the state of Maine, we shouldn't have nearly 400 people dying a year, it just seems embarrassing, but we're doing everything we can," Smith said.

Smith said her office has been working hard to address the drug crisis, but many of her efforts were not fully implemented until after the nine-month overdose reporting period ended in September. A new prevention-focused program will be available in September, including a new curriculum for all Maine public schools being created by the Department of Education.

"I am concerned that the number of deaths resulting from overdoses remains high," said Maine Attorney General Aaron Frey, whose office released the data, in a prepared statement.

"The data in this report confirms the importance of this crisis. It will take the dedication of elected officials, individuals, organizations, and communities across the state to get to the other side of this. I strongly agree with the ongoing efforts to change course. "

The vast majority of deaths, 246, were classified as accidental. There were 27 classified as suicides, and four had an undetermined form of death. Opioids were listed as a critical factor in 84 percent of deaths.

The medicines used to treat opioid misuse and addiction are methadone, buprenorphine, and naltrexone; they can decrease withdrawal symptoms and cravings. They work by acting on the same targets in the brain as other opioids, but they do not make you feel high.

Some people worry that if they take methadone or buprenorphine, it means that they are substituting one addiction for another. But it is not; these medicines are a treatment. They restore balance to the parts of the brain affected by addiction. This allows your brain to heal while you work toward recovery.

Naltrexone works differently than methadone and buprenorphine. It does not help you with withdrawal symptoms or cravings. Instead, it takes away the high that you would normally get when you take opioids. Because of this, you would take naltrexone to prevent a relapse, not to try to get off opioids. You have to be off opioids for at least 7-10 days before you can take naltrexone. Otherwise, you could have disagreeable withdrawal symptoms.

Efforts to provide broader access to the naloxone antidote opioid overdose and expand needle exchange programs were barely in full swing. Maine's response to the crisis includes the lack of recovery coaches and recovery houses to complement the availability of drug-assisted treatment. Counseling for opioid misuse and addiction can help to change attitudes and behaviors related to drug use and build healthy life skills.

Individual counseling may include setting goals, talking about setbacks, and celebrating progress. You may also talk about legal concerns and family problems. Family counseling can work too, which may include partners or spouses and other family members who are close to you. It can help to repair and improve your family relationships.

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