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PREVENTION: THE FIGHT AGAINST THE PRESCRIPTION OPIOID EPIDEMIC

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Kenoshia Hatchette



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Abstract

Prescription opioids drug abuse and addiction has become one of the United State's biggest problems today. This epidemic is causing major issues is the lives of many Americans today. Research shows millions are affected by this epidemic each year and numbers are steadily rising. One of the biggest factors behind the rise of prescription opioid addiction and abuse is, the fact that these drugs are perfectly legal to use and easy to get.

I researched online articles and journals to further look into the epidemic. The research shows that this epidemic not only affected adults, but it also affected children as well. Research shows that the bodies of women and men react differently to these opiod drugs, and children's bodies have a different reaction to these drugs also. Through research I was able to gain knowledge and present what I feel is the best way to deal with the prescription opiod drug abuse and addiction epidemic.

The research was very helpful in showing that prevention is the best way to deal with the prescription opioid abuse. Research that I studied presented ideas of doctors, health care professionals, government agencies, and health care drug manufacturers. With this information I was able to back up my thesis.

After concluding my research and looking at all possible outcomes, I was able to determine that prevention was the best action to battle against the prescription opioid drug abuse and addiction epidemic.

Intro

Advancements in medicines have progressed greatly over the last few decades. Progression has led to cures for previously incurable diseases as well as better management of others such as: AIDS, HIV, Cancer, and other life threatening diseases. Another field that has seen vast improvement is pain medicine. There are now better and stronger medications to help people deal with all sorts of pain issues. Whether it is chronic pains stemming from illnesses such as arthritis, long term pains stemming from accidents, or short term injury pains, there are many pain medications that can assist people in the management of these pains. There is also an ugly side with these advancements. These achievements have brought on a newer type of addiction. This addiction that I speak of is opioid abuse. This addiction has risen to rival that of alcoholism, tobacco addiction, and illegal drug addiction. It has claimed as many lives as cocaine, heroin, and methamphetamines. This issue has opened up the United States to have to find new ways to deal with this epidemic. All of this leads me to the conclusion that prevention is the best way to deal with the current prescription opioid abuse and addiction epidemic in the United States today.

Background

Addiction is described as, the state of being enslaved to a habit or practice or to something that is psychologically or physically habit-forming, as narcotics, to such an extent that its cessation causes severe trauma (dictionary.com). It is no secret that in the United States, there is a wide spread addiction problem. There are many addictions that are known. Those addictions include: alcoholism, illegal drug addiction, and tobacco addiction. These three abuses together cost the nation an estimate of 740 billion dollars annually due to crime, lost work productivity, and health related to the abuse (drugabuse.gov). In 2016 alone over 64,000 Americans died of addiction (drugabuse.gov). So, this shows how big of a problem drug abuse is just in the United States. These are the commonly known substance abuse problems. When most people think of addiction or substance abuse, these are the cases in which most people would readily identify. Over the years opioid addiction has arisen. This addiction may not be as well known as alcoholism, tobacco addiction, or illegal drug addiction, but the number of cases that have risen over the years make this addiction as, if not more dangerous than the others. The most worrisome part of this addiction is that it is legal and easy to obtain, and more importantly most of the opioid addiction cases stems from pain

management and prescription drugs (drugabuse.gov). Opioid addiction is a widespread issue in the United States. It is as easy to obtain as tobacco and alcohol and is as dangerous addiction as illegal drugs such as: cocaine, heroin and methamphetamines. As stated previously over 64,000 Americans died in 2016 from drug abuse and addiction (drugabuse.gov). If you go back one year to 2015 between 50,000 and 60,000 Americans died from drug abuse and addiction (drugabuse.gov). Of that number more than 17,000 of deaths were linked to prescription opioid drugs (drugabuse.gov). Between 2002 and 2015 the United States saw deaths linked to prescription opioid drugs rise by almost 10,000 (drugabuse.gov). These statistics show how much of a problem opioid abuse really has become. The problem has become so great that it has even drawn the attention of the federal government to point where there has been the establishment of a committee just to address this issue.

What are opioids? “Opioids are drugs that act on the nervous system to relieve pain. Continued use and abuse can lead to physical dependence and withdrawal symptoms. They come in tablets, capsules or liquid (drugfreeworld.org).” In other words, opioids block pain receptors in the brain. They do this by blocking the pain messages that the brain would send to other parts of the body. This provides pain relief for the person that

is taking any specific type of opioid. Opioids are divided into illegal opioid and prescription opioids. The illegal opioid heroin is in the same class as the prescription opioids that are prescribed by doctors on a daily basis.

When prescribed by a doctor opioids can be taken orally in pill form, or they can be administered by an oral film patch that dissolves in the mouth (shatterproof.org). They can also be given intravenously (through the vein) as well (shatterproof.org).

To give some history about opioids, as stated earlier prescription opioids share the same category as heroin. Heroin is a known illegal drug that is a depressant drug that slows down the messages traveling between your brain and body (adf.org.au). It like prescription opioids belong to the same category, opiates, that is from the opium poppy. Opium poppy is a plant from as early as 3400 B.C. that was grown in the lower Mesopotamia (deamuseum.org). It was labeled the joy plant and over the years spread throughout the world. Side effects of heroin use are intense pleasure and pain relief, relaxation, drowsiness, clumsiness, confusion, slurred and slowed speech, slow breathing and heartbeat, dry mouth, tiny pupils, reduced appetite and vomiting, and decreased sex drive (adf.org.au). Large amounts can lead to: trouble concentrating, falling asleep, trouble urinating, itchiness, irregular heartbeat, cold clammy skin, slow breathing,

blue lips, blue fingertips, passing out, and death (adf.org.au). These are just examples of what usage of the drug heroin can do to the human body. Why did I discuss heroin? I discussed heroin to show you what opiates in its strongest form can do, to give an outlook on how bad a person extremely abusing opioids can get. I also discussed heroin to show exactly what family of drugs prescription opioids belong to.

What are Prescription Opioids?

What are prescription opioids exactly? Prescription opioids are a type of narcotic pain medication (webmd.com). They are a class of drug that include the illegal drug heroin, as stated earlier, synthetic opioids such as fentanyl, and pain relievers available legally by prescription (drugabuse.gov). To be more specific these are some of the specific prescription drugs classes that are opioids: codeine, fentanyl, hydrocodone, hydrocodone/acetaminophen, hydromorphone, meperidine, methadone, morphine, oxycodone, oxycodone and acetaminophen, and oxycodone and naloxone (webmd.com). Medically prescribed opioids provide an effect similar to morphine, and are used for, as stated earlier pain relief. They are prescribed because they are a great way to help patients deal with pain and are a great source of pain relief. These drugs are all prescribed legally by doctors for patients to take. They are all used to fight illnesses that

cause chronic pains that other medicines can't treat. These medicines come in all types and strengths in order to deal with these pains. Some of these opioids medicines go by names commonly known as: Lortab, Vicodin, OxyCotin, Demerol, and Percocet (webmd.com). To expand on how these opioid drugs work, they bind to opioid receptors in the brain, spinal cord, and other areas of the body. They reduce the sending of pain messages to the brain, and reduce the feeling of pain (webmd.com).

Names of Prescription Opioid Drugs

To expand on how these drugs are abused here is a list of the Brand names and their street names. The brand names are: Fiorinal and Codeine, Robitussin A-C, Tylenol with Codeine, Empirin with Codeine, Roxanol, Duramorph, and Demerol (drugfreeworld.org). The street names for these are Captain Cody, Cody, Schoolboy, Doors and Fours, Pancakes and Syrup, Loads, M, Miss Emma, Monkey, White Stuff, Demmies, and Pain Killer (drugfreeworld.org). Other brand names include: Actiq, Duragesic, Sublimaze, OxyContin, Percodan, Percocet, Tylox, and Dilaudid (drugfreeworld.org). Their nicknames are: Apache, China girl, Dance fever, Goodfella, Murder 8, Tango and Cash, China White, Friend, Jackpot, TNT, Oxy80, Oxycat, Hillbilly Heroin, Percs, Perks, and Dillies (drugfreeworld.org). To breakdown what a few of these actually are, I'll

start with Fiorinal and Codeine. Fiorinal and Codeine is given in capsule form. It is made up of butalbital which is a sedative barbiturate that helps decrease anxiety and causes sleepiness and relaxation (webmd.com). Butalbital is mostly used in a combination with other medications. In this case it is combined with aspirin, caffeine, and codeine phosphate capsules (rxlist.com). Codeine is one of the most popular opioid prescriptions opioids. You will also find it in combination with and a main ingredient in a lot of prescription medicines. Codeine is an alkaloid extracted from opium or from morphine by methylation, and it has a white crystals form (rxlist.com). It is an analgesic indicated for the relief of mild to moderate pain (rxlist.com). This is just two descriptions of the makeup of some of the opioid combinations. This shows how the drugs are referred to on the streets and how users try and disguise usage from law enforcement and others who may try and prevent them from using the drugs. The opioid epidemic has become a very problematic issue for this country.

Causes of Prescription Opioid Abuse

When looking into the cause of opioid abuse, it can be linked to several different ways. As with all abuse it come down to genetic, biological, environmental, and psychological (mtregis.com). Genetic abuse is when any type of abuse is already present in the family. In this case if

someone in your family has an opioid addiction there is a high probability that you will have one. It is in your genetics and could lead to you having an addiction because of it. The second is biological abuse. To be specific in relation to opioid abuse, "It's been suggested certain individuals may be born with a lack of the neurotransmitter "endorphins." In an attempt to self-medicate this inborn deficit, individuals may perhaps, turn to external sources, such as opium narcotics, to obtain these neurotransmitters" (mtregis.com). This means that the body is born with an insufficient amount of pain transmitters and people try and solve the issue themselves by self-medicating. This self-medication is what leads to abuse/addiction. The third is environmental abuse. We've all seen this, the person who has it rough at home. Whether it be neglect, abuse, or a chaotic home in general, these can lead to substance abuse as a way to cope with their emotions. Another environmental aspect is the company that an individual keeps around them. If you are constantly in the presents of people that party hard and use opioids for recreation, then there is a higher probability that you too will began to use them. Added to this even if you don't want to engage in the active use of opioids, there is the element of peer pressure that can force some individuals into doing something they don't want to do. The last cause of opioid abuse is psychological. According to the Mount

Regis Center Hope Treatment Recovery, “As many addictions are caused by an individual attempting to self-medicate the symptoms of an undiagnosed co-occurring mental disorder, mental illness can be a strong indicator of addiction potential”. These are the four causes of abuse that can lead to an individual abusing opioids. To show an example of how easy it is to get addicted to opioids, drugfreeworld.com gave a testimony from an individual named Charlene. The testimony was, “A friend of mine turned me on to oxys. I started with 40mg tabs, then after a couple months I bumped up to 60 mgs. I was really addicted by this point and started chewing them to get off quicker so I wouldn’t be sick. Had to have one in the morning when I got up or I’d be sick. Had to have another before noon. Then a couple of more in the afternoon and the evening. I knew I was hooked because I had to have them to function. I felt horrible without them. Then I went to 80 mgs and my world came tumbling down. I started stealing from everyone I knew to get my fix....” (drugfreeworld.com). This testimony shows just how fast that the addiction to opioids can happen. It also shows how fast your life can really unravel because of prescription opioid abuse, but any of these can be the reason can be why an individual would turn to opioid abuse. People sometimes use these drugs to cope with unbearable pains or to even numb themselves of the psychological

pains from the outside world or their life in general. When you actually feel that something is helping you get better, it is very easy to slide into abuse. This too often happens to many of the millions of people addicted to opioids in the United States today.

Effects on the Body

Prescription opioid abuse can lead to several different effects on the human body. Not only does it affect the body, but it also affects the brain as well. In general opioid abuse has both short term and long term affects. These short term affects include drowsiness, slow breathing, constipation, unconsciousness, nausea, and coma (drugfreeworld.com). A lot of individuals who use prescription opioids recreationally to get their fix, enjoy the euphoria or the “slow motion” feel that these drugs give them. When looking into the short-term effects of prescription opioid abuse, it can be determined that some of the side effects are more serious than others. While drowsiness, slow breathing, constipation, and nausea may not seem too serious, unconsciousness and coma are. If the short term affects include unconsciousness and even be as serious as going into a coma, then there must be serious implications for long term abuse of prescription opioid use.

Long term effects of prescription opioid abuse can lead to a strong dependence and dangerous addiction to the drugs. Added to this, other long-term effects include: withdrawal symptoms if intake is reduced or stopped, restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps, involuntary leg movements, and even death (drugfreeworld.org). Even more, a serious risk of prescription opioid abuse is respiratory depression. “High doses can cause breathing to slow down to the point it stops and the user dies.” (drugfreeworld.gov). As stated earlier prescription opioid drugs work through the same mechanism as heroin (drugabuse.gov). They bind to the opioid receptors on the cells in the brain to lessen to the sensation of pain. The binding of these drugs to opioid receptors in the reward regions of the brain gives out a sense of well-being (drugabuse.gov). This stimulation of the receptors in deep brain regions leads to drowsiness and respiratory depression, these also can lead to overdoses and deaths (drugabuse.gov). The presence of opioids receptors in other tissues is what causes the side effects such as constipation and cardiac arrhythmias (drugabuse.gov). With the continuous use of prescription opioids or illegal opioid drugs, especially in high doses, they start to affect the body’s production of its own natural

opioids. This is what leads to the withdrawal symptoms when trying to quit prescription opioid use or do not have a supply of prescription opioid use.

Another effect on the abuse of prescription opioid, is the way that the individual consumes the drug. Prescription opioids are designed to release into the body in small increments. They are designed this way in order to reduce the effect of the symptoms. For instance, releasing in slow increments would not have drowsiness symptoms hitting you all at once, where as having the prescription opioids released in a rapid fashion will make drowsiness a lot more likely. Those that abuse opioid prescription drugs often like to rush the “high” or euphoric effect. This leads to prescription opioid drugs users to start using new ways to consume the drugs. These individuals who use prescription opioid drugs for non - medical reasons will crush the pills in order to snort, inject directly into their blood stream, or smoke them (drugabuse.gov). These are the individuals stated earlier that want the “high” or euphoric effect to happen immediately. This causes high dosages to enter the body at one time instead of over a long period of time like they were meant to be released into the body. These methods of consuming prescription opioid drugs enhance the risks because of the higher than intended dosage and quicker onset of the drugs’ effects (drugabuse.gov).

One of the most dangerous effects that stems from long term prescription opioid abuse is, the body builds a high tolerance to the prescription opioid drugs. This issue cause user to take more of the drugs in order to achieve the level of “high” or euphoria they wish to reach. These actions lead to a damaging effect on the brain and body. The body no longer responds to the prescription opioids as the individual would like it to, so they take on higher dosages to achieve the same effects as before (drugabuse.gov). This path of prescription opioid abuse is displayed perfectly in the earlier excerpt from Charlene, in discussing her journey through addiction. This is one of the direct causes of overdose. These overdoses occur when individuals don’t realize that they have lost their tolerance. Certain individuals will go for long periods of time without taking the prescription opioids and don’t realize that their tolerance is gone. This happens when an individual tries to quit and relapses, or is in situations where they can’t access the prescription opioid drugs such as being incarcerated or hospitalized (drugabuse.gov).

Effects on Women

Prescription opioids abuse also has serious effects on women’s bodies as well. As documented in the *White Paper: Opioid Use, Misuse, and Overdose in Women* prescription opioid abuse has a different effect on

women than it does in men. Between the years 1999 and 2014 men's probability of dying from prescription opioid abuse were higher than women's (womenshealth.gov). However, at the same time, from 1999 to 2010 overdose deaths from prescription opioid abuse increased 400 percent in women, as opposed to 237 percent in men (womenshealth.gov). This information is very essential when you look at the different effects prescription opioid abuse has on men and women. According to *White Paper: Opioid Use, Misuse, and Overdose in Women*, a lot of times these differences are overlooked between women and men (womenshealth.gov). According to the Centers for Disease Control and Prevention, women are more likely to experience chronic pain and use prescription opioid pain medications for longer periods and in higher doses than men (womenshealth.gov). It is also noted that women are more likely to become addicted to opioid prescription drugs than men (womenshealth.gov). Studies show that women are more likely to turn to prescription opioid abuse due to troubled relationships (womenshealth.gov). Whether it comes from traumatic childhood relationships, friendships, or bad romantic relationships, women are more likely to turn to prescription opioids because of these. The problems the from these relationships such as: physical abuse, sexual abuse, emotional

abuse and stress, and domestic violence all can make an individual turn to prescription opioids as coping mechanism. Also a difference between men and women is the fact that women usually pick up the habit from relationship partners, and men usually are introduced to prescription opioid drugs by friends (womenshealth.gov). When looking into the research it shows how dangerous prescription opioid use can be for women. It is important that these women know the risk and watch the dosages of the prescription opioid drugs that they take. This not only holds true to women but anyone taking the prescription opioid drugs as well. This goes to show that prescription opioids are an even greater danger for women. Their bodies to the drug differently than it does for men and it usually takes less dosages of prescription opioid drugs for women to become addicted to the drug than it does for men. With all of this, prescription opioid abuse is very dangerous to women, and can even affect a woman's offspring if taken while pregnant. The cases of women taking prescription opioid drugs while pregnant have increased drastically over the last several years in the United States alone. These drugs are prescribed to women to deal with any chronic pain they may have during the pregnancy. During this stage the drugs cannot only harm the women, but have lasting effects on the children as well. Specifically SAMHSA's *"Advancing the Care of Pregnant*

and Parenting Women with Opioid Use Disorder and Their Infants: A Foundation for Clinical Guidance” reports that from 2000 to 2009, prenatal maternal opioid use increased from 1.19 to 5.63 per 1,000 hospital births per year (womenshealth.gov). This trend poses great risks for the children that the women are carrying. There have been studies that show that the use of codeine in the first-trimester of pregnancy is correlated with congenital heart defects (womenshealth.gov). Prenatal exposure to oxycodone, propoxyphene or meperidine has also been shown to increase the risk of birth defects (womenshealth.gov). Added to this, the use of opioids by women when pregnant can lead to withdrawal symptoms in newborns (drugabuse.gov). This is called neonatal abstinence syndrome, and it increased in by 500 percent in the United States between 2000 and 2012 (drugabuse.gov).

Effects on Adolescents

Opioid use in adolescents has also increased over that past several years. According to Amy Norton, author of *More U.S. Kids are Landing in ER with Opioid Addiction*, A rising number of children and teenagers are being admitted to Emergency Departments all over the United States for opioid abuse.

She further adds that, “Researchers found that in 2013, nearly 50,000 ER patients from aged 21 and younger were diagnosed with opioid dependence or addiction. That was up from just over 32,200 in 2008.”

Amy Norton also states that, “By that final year, roughly 135 kids were testing positive for opioid dependence every day in the nation’s emergency departments, the researchers said”. In the United States not only is prescription opioid abuse a problem for adults, but it is also becoming an even greater issue for children and teenagers. This epidemic has led to the hospitalization and death of many children over the past decade.

Another study shows that from 2006 to 2012 more than 22,000 children were treated in United States emergency departments for opioid poisoning (pediatrics.aappublications.org). According to *Prescription Opioid Exposures Among Children and Adolescents in the United States: 2000–2015*; “Opioid exposure at even relatively low doses can result in life-threatening effects in children” (pediatrics.aappublications.org). Because of breathing complications, the American Academy of Pediatrics gave the recommendation to halt codeine use for children (pediatrics.aappublications.org). In the study *Prescription Opioid Exposures Among Children and Adolescents in the United States: 2000–2015*, it is stated that teenagers represent second highest age group of opioid exposure and over two-thirds of the exposures were intentional

(pediatrics.aappublications.org). This also makes teenagers the only age group where the number of intentional poisons outnumber the number of unintentional poisons when looking at prescription drug abuse cases

(pediatrics.aappublications.org). Prescription opioids are more toxic to children than adults because of their smaller bodies (pediatrics.aappublications.org).

Nearly ninety percent of buprenorphine cases examined in this study were of children between the ages of 0 and 5 (pediatrics.aappublications.org).

Ingesting even a partial buprenorphine tablet can harm a child. Buprenorphine is mostly prescribed to adults, so when it is found in children it usually means that the medications were not kept out of the reach of the children by parents (pediatrics.aappublications.org). When looking at overall teenage suicide rate, prescription opioids are attributed to 52.7 percent of the cases

(pediatrics.aappublications.org). While looking into the epidemic amongst teenagers, it is shown that the majority of prescription opioid drug abuse cases are linked to the same factors that are present in adults. These factors are mental abuse, physical abuse, emotional abuse, sexual abuse, and psychological abuse. These factors are even more detrimental to adolescents, because they are still maturing and developing, and therefore make them more susceptible of falling into the traps of prescription opioid abuse. A study shows that teenage use of prescription opioid medication is given to them by peers or

family instead of a doctor at seventy percent (pediatrics.aappublications.org). It is also crucial to understand that opioid prescription drugs affect children's bodies differently than they affect adults. The affect is different because of their developing bodies, the drugs are absorbed, distributed, metabolized, and eliminated differently by their bodies (fda.gov). The prescription opioid drug's effectiveness and side effects are amplified, while the general safety of the prescription opioid drugs is question (fda.gov). Dr. Veerajalandhar Allareddy feels that more research is needed to know the exact statistics when it pertains to children and prescription opioid abuse (webmd.com). Allareddy feels that it is just as big a problem in children as it is in adults (webmd.com). When addressing the numbers of cases in which children are abusing prescription opioids, Allareddy states that it is, "Only the tip of the iceberg. They capture only kids who ended up in the emergency department". With all of this information presented it is hard to deny the fact that prescription opioid abuse is serious problem in the United States.

Diseases Linked to Opioid Abuse

There are other products of prescription opioid abuse that has arisen that for most goes unnoticed. They are dangerous and serious matters that by themselves have affected millions of people not only all over this country, but have affected millions all over this world. From earlier

research it is shown what can happen to the human body by prescription opioid abuse and dependence. It was shown what can happen to adults as well as children when the consumption of these prescription drugs is abused. These next factors are not direct problems that come from the abuse of prescription opioid abuse, but from how the prescription opioids are taken. As stated earlier in my research, one of the ways an individual addicted to prescription opioids chooses to take the medications, is to crush them up and inject them directly into the bloodstream. This method increases the rate of speed in which the effects of the prescription opioids present themselves in the body. It basically speeds up the “high” or euphoria effect of the prescription opioids. This particular way to use prescription opioids has been linked to the spread of the human immunodeficiency virus(HIV), hepatitis (especially C), sexually transmitted infections, and other blood-borne diseases (drugabuse.gov). These diseases are usually spread by sharing a contaminated needle while taking the prescription opioids through injection (drugabuse.gov). This factor in itself has lead to an issue that was seemingly and mostly an urban problem, to be spread into small towns and suburbs (drugabuse.gov). Prescription opioid abuse has caused many problems in the United States today. Whether it is dependence or addiction from chronic use of

prescription opioids, deaths from using prescription opioids, or the spreading of other viruses and diseases through the use of prescription opioids, the use of prescriptions opioids has drastically changed over the last two decades. This issue that the United States is facing may seem daunting, but there are things that can be put into place that can help curve these statics and help the number of these cases of prescription opioid abuse to lessen. The way to do this may take a lot of time and effort to see through, but in the end the work will benefit both those addicted to prescription opioids and the United States as a whole. There are many ways to address this issue of prescription opioid abuse, however I feel that the best way to address the prescription opioid abuse in the United States is to focus our time and resources on prevention.

Prevention

Prevention is the best way that the United States can deal with the prescription opioid epidemic. Prevention can come in many different ways. The best ways that can be taken are: education, regulation, improving prescription practices by doctors, safe handling of prescription opioid drugs in homes, and finding alternatives to prescription opioids. Each of these would benefit both the public and the United States as a whole.

Education may be the most important prevention method of prescription opioid abuse. Education would provide much needed knowledge to the public and provide much needed evidence of what can happen when prescription opioids are abused. In the United States there is an estimated 1.9 million people suffered from substance use disorders related to prescription opioid pain medicines in 2014 (drugabuse.gov). Educating and offering information on the epidemic will help greatly in curbing these numbers. As it sits now existing evidence based on prevention and treatment strategies are highly underutilized across the United States (drugabuse.gov). With this however, there have been some steps taken to inform the public on the serious epidemic. In October of 2015, then President Obama announced a number of important new public and private steps being taken to combat this epidemic of prescription drug abuse and heroin use, focused on improved prescriber training and access to treatment (drugabuse.gov). According to *Strategies to Prevent Opioid Misuse, Abuse, and Diversion That May Also Reduce the Associated Costs* between 1997 and 2006, retail sales of prescription drug opioids have increased dramatically; sales of hydrocodone increased by 244 percent, oxycodone by 732 percent, and methadone by 1177 percent (ncbi.nlm.nih.gov). So, it is no surprise that the prescription opioid abuse

and addiction cases rose during the timeframe to coincide with the rise in sales of prescription opioid drugs (ncbi.nlm.nih.gov). Starting in 2004, prescription opioids have more that not caused more deaths than cocaine or heroin (ncbi.nlm.nih.gov). The number of admissions to substance abuse treatment programs for primary prescription opioid abuse increased 342 percent from 1996 to 2006, and that saw the number rise from 16,605 to 73,439 (ncbi.nlm.nih.gov). These statistics show how much the United States can benefit from educational and training courses. If people were informed about the dangers of taking prescription opioids before they began taking them, the amount of cases would decrease. Showing the user's cases and having testimonials would be a great way to stress the importance of safe opioid abuse. With testimonials like the one shared previously from the prescription drug abuser "Charlene" it would show how prescription opioid abuse can cause someone's life spiral out of control. People like Charlene have stories and testimonials that they can share with others as a way to help others use prescription opioids responsibly. Another former abuser of prescription opioid drugs by the name of Rita shared her account with drugfreeworld.com. She stated, "My brain feels like it's screaming at me to get more of these pills, the feelings I have without them are too unbearable....I need more help getting through this Effexor withdrawal. I'm so depressed that I've started

cutting my arms, and I'm not even sure why. Also I hallucinate every few hours and see things—just today I saw blood dripping down my wall.” Another user by the name of Crystal shared with the same site, “My experience with DXM: I started peeing blood. I felt sick....My body felt weak....I gave up everything because I was obsessed with using....All I cared about was getting high....I thought I could just use Coricidin for fun, that it didn't matter. I never expected to get hooked....I'll never be able to get that time back. If I could erase it and make it go away, I would.” Another user named Patricia stated, “I realized I was using more Xanax on a regular basis. I took time off work to get off it. Without the knowledge I was addicted, I went 'cold turkey.' For four days and nights I was bedridden. I didn't sleep or eat. I vomited. I had hallucinations. On about the third day without Xanax I started to become uncoordinated and unbalanced and bumped into things. On about the fourth day I became really worried when I started having twitching sensations.” This epidemic not only affects normal individuals but it also affects celebrities and other well known figures as well. According premier radio, on Friday, October 13, 2013 Rush Limbaugh made a statement on-air stating that, “I am addicted to prescription pain medication. I first started taking prescription painkillers [some] years ago when my doctor prescribed them to treat post-surgical pain following spinal

surgery....Over the past several years I have tried to break my dependence on pain pills and, in fact, twice checked myself into medical facilities in an attempt to do so (drugfreeworld.org).” Rush Limbaugh goes on to say that he had recently agreed with his physician about taking the next steps (drugfreeworld.org).

Rush Limbaugh isn't the only known celebrity that has dealt with prescription opioid abuse. According to Rehab.com, here is a list of other celebrities that have either died from or suffered from prescription opioid abuse:

1. Heath Ledger – At the time of his death, added to alcohol, he had oxycodone, hydrocodone, diazepam, ternazepam, alprazolam, and doxylamine in his system (rehab.com).
2. Alex O'Loughlin – Checked into a rehabilitation center after becoming addicted to opioid pain killers after a shoulder injury (rehab.com).
3. Tatum O'Neal – Checked into a rehabilitation center for supervision while taking prescription opioids post-surgery (rehab.com).
4. Brett Favre – Struggled with addiction to opioid pain killers during his Hall-of-Fame NFL career (rehab.com). This was also a struggle for other retired NFL players. NFL players abuse prescription opioid medications at four times the rate as the general public (rehab.com).

5. Gerard Butler – Completed treatment for opioid pain killers in 2012 (rehab.com). His addiction started while filming a demanding role in 2006 (rehab.com).
6. Whitney Houston – At the time of her death she had various prescription drugs in her system amongst other things (rehab.com). The opioid related drugs in her system were: Xanax, Flexiril, and Benadryl (rehab.com).

These testimonials and accounts not only show where abuse to prescription opioids can lead to, but it can also show an individual that is addicted to prescription opioids that they are not alone in their fight. Sometimes knowing that others have gone through the same situation that an individual is currently makes it a little bit easier to fight and get themselves back right when faced with undesirable situations.

Another way that education can help fight the prescription opioid abuse epidemic is to also educate kids and teenagers in schools throughout the United States. When looking at the overall prescription opioid abuse amongst children and teenagers, there are several factors to take into consider. From the years of 2000 to 2009 the yearly numbers of opioid related exposures rose greatly by eighty six percent (pediatrics.aappublications.org). This was followed by a significant decrease in

the number and rate from 2009 to 2015 (pediatrics.aappublications.org). When it is looked at by age group, children ages 0 to 5 rose greatly by more than 93 percent from 2000 to 2009, and then declining by 29.4 percent from 2009 to 2015 (pediatrics.aappublications.org). In the age groups of 6 to 12 and teenagers, that same timeframe of 2000 to 2009 saw an increase to 53.4 percent and 56.8 percent, and then saw a decline of 31.7 percent and 30.9 percent from 2009 to 2015 (pediatrics.aappublications.org). Even with some overall decline in children and teenagers, there have been significant exceptions to these declines in other areas (pediatrics.aappublications.org).

One of these exceptions is buprenorphine exposures. Buprenorphine is used to treat dependence/addiction to opioids (Webmd.com). It belongs to a class of drugs called mixed opioid agonist-antagonists (Webmd.com). It is basically used to prevent withdrawal symptoms associated with stopping the use of other prescription/illegal opioid abuse (Webmd.com). The prevalence of this drug in children and teenagers decreased from 2011 to 2013, but the prevalence increased between 2014 and 2015 (pediatrics.aappublications.org). The same stands true for the prescription opioid drug tramadol. Tramadol is used to treat moderate to severely moderate pain (Webmd.com). It is similar to opioid analgesics, and it works in the brain to change how your body feels and responds to pain (Webmd.com). It dropped between the years 2000 and 2003,

but rose consistently until 2012 (pediatrics.aappublications.org). The last factor that showed to an exception to the trends was suspected suicide rate amongst teenagers (pediatrics.aappublications.org). The suspected rate in which prescription opioid abuse played a role in suicide rate amongst teenagers rose by 52.7 percent from 2000 through 2015 (pediatrics.aappublications.org). This shows some trends that are affected by prescription opioid abuse. Education would help drastically in the measure to permanently decrease prescription opioid abuse amongst children and teenagers.

The last group of individuals that education would benefit would be the doctors. It is known that doctors have plenty of education. They learn about different body parts, organs, and how these work. They learn what medicines to prescribe and how they work and what affect these medicines have on the body. They know that prescription opioid drugs include natural opioids and man-made congeners that act primarily on three receptors types in the nervous system: mu, kappa, and delta receptors (ajp.psychiatryonline.org). The mu receptor is primarily responsible for the analgesic and euphoric properties of opioids (ajp.psychiatryonline.org). What may get lost at times is how to prescribe medicines. Sometimes doctors may feel that it is an easy diagnosis and prescribing prescription opioids will be the right decision to make. With this however, what is often overlooked is patient history, current condition,

and how they react to the prescription opioids. A lot of patients that abuse or have become addicted to prescription opioids will say whatever they need to get them. What the patient was using the prescription opioids for, may not even be an issue anymore but the patient has become physically or psychologically dependent on the drug. This causes the patient to do whatever they need to do or say to the doctor to get a prescription to take the drugs. Their pain may be gone but they will lie and say that they are still experiencing pain in order to keep getting their prescriptions opioids for as long as they can. Things that can be put into place to help doctors would be training on how to recognize someone that is addicted. Another thing that can help is to educate and train doctors to do opioid screenings in their practices and offices. These screenings would help would help determine risk factors related to prescription opioid abuse (ajp.psychiatryonline.org). Things that would be considered in these screenings are: age, gender, psychiatric disorders (for example, depression, bipolar disorder), exposure to violence or sexual assault, a history of substance use disorders (in particular illegal drug use), and a family history of substance use disorder (ajp.psychiatryonline.org). This knowledge would benefit the doctors and the patients greatly. Overall providing more education and trainings for patients and doctors will benefit

everyone involved. This factor in itself would help decrease the overall addiction and abuse of prescription opioid abuse.

There have been several organizations over the years put in place to help fight the prescription opioid abuse and addiction crisis. According to SAMHSA.com, the following are all organizations that were established to deal with the epidemic:

1. The Drug Free Communities Support Program- a collaborative effort between the Office of National Drug Control Policy and the Substance abuse and Mental Health Services Administration to strengthen collaboration among community coalitions to prevent and reduce substance use, including prescription drug misuse and abuse (samhsa.gov).
2. The 2014 National Drug Control Strategy- serves as the Obama Administration's blueprint for reducing drug use and its consequences, including a national framework for reducing prescription drug diversion and abuse (samhsa.gov).
3. The 2011 Prescription Drug Abuse Prevention Plan- it expands upon the Obama Administration's National Drug Control Strategy and includes action in four major areas to reduce prescription drug

- abuse: education, monitoring, proper medication disposal, and enforcement (samhsa.gov).
4. The Division of Workplace Programs (DWP)- provides oversight for the Federal Drug-Free Workplace Program and for the National Laboratory Certification Program (samhsa.gov).
 5. The Center for the Application of Prevention Technologies (CAPT)- provides oversight for the Federal Drug-Free Workplace Program and for the National Laboratory Certification Program (samhsa.gov)
 6. Substance abuse and Mental Health Services Administration's (SAMHSA's) Opioid Overdose Prevention Toolkit- equips communities and local governments with material to develop policies and practices to help prevent opioid-related overdoses and deaths. It addresses issues for first responders, treatment providers, and those recovering from opioid overdose (samhsa.gov).
 7. In collaboration with SAMHSA, the National Council on Patient Information and Education- works to improve communication of information to consumers and health care providers on the appropriate use of medications (samhsa.gov).

8. National Prevention Week- a Substance abuse and Mental Health Services Administration (SAMHSA)-supported annual health observance dedicated to increasing public awareness of, and action around, mental and/or substance use disorders, included a day in 2014 devoted to prescription drug abuse prevention (samhsa.gov).

All of these organizations and plans are good examples of ways to educate and train individuals about the prescription opioid abuse and addiction. They are all models that can be used to teach and help prevent individuals from the terrible path that leads to opioid addiction. Hopefully with more of these organizations put into place, the United States can start to see a decrease in the number of opioid abuse and addiction cases, and even decrease the number of deaths because of abuse and addiction.

The next factor in prevention that would help in the overall decrease of prescription opioid abuse is regulation. Regulation of prescription opioids would greatly benefit the abuse and addiction of prescription opioid abuse. Over the past two decades there have been some advancements in regulation have taken place. As stated earlier in 2007 President Obama announced a number of important new public and private steps being taken to combat this epidemic of prescription drug abuse and heroin use, focused

on improved prescriber training and access to treatment (drugabuse.gov).

There are also other organizations that can be turned to help regulate prescription opioid drugs. The first is a common know entity. It is the United States Food and Drug Administration (FDA) (www.ncbi.nlm.nih.gov).

The United States Food and Drug Administration has a key role in fighting the opioid epidemic (www.ncbi.nlm.nih.gov). They are responsible for approving new drugs and reformulation, and this gives it a gate keeping function (www.ncbi.nlm.nih.gov). Also along with the United States Drug Enforcement Administration helps keep watch over the opioid products that are available (www.ncbi.nlm.nih.gov). The United States Food and Drug administration is deeply rooted in the regulation of prescription opioids.

The Pure Food and Drug Act of 1906, which was the legislation by the federal government meant to regulate pharmaceutical companies, was established partly to address the morphine prescription epidemic of the 1800s (www.ncbi.nlm.nih.gov). To make matters worse the main prescription drug that it was affecting was a prescription drug made to treat colic (a severe, often fluctuating pain in the abdomen caused by intestinal gas or obstruction in the intestines and suffered especially by babies (dictionary.com)) called Mrs. Winslow's Soothing Syrup (www.ncbi.nlm.nih.gov). As proven earlier in this research it shows that

prescription opioids and morphine are related, and they come from the same opioid family. It was also noted that prescription opioids give a morphine-like affect when they are released into the body. Basically the first United States legislation was put in place partly because of morphine which has now grown into a prescription opioid epidemic. The United States Food and Drug Administration has expanded and provided more regulations over the years to help fight against the prescription drug epidemic. The 1938 Food, Drug, and Cosmetic Act (FDCA) further defined rules set by the United States Food and Drug Administration, these required all manufacturers to test all products for human safety before they could be approved to be released (www.ncbi.nlm.nih.gov). This was put into place to make sure that all prescription opioid drugs, as well as those prescription drugs that don't have opioids in them, are safe for public use. This would go along way today into making sure the amount of opioids in today's prescription medication is the right amount to reduce the probability that individuals would get addicted to it. Also according to *Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use* ; "In the 1962 Kefauver-Harris Amendments, the United States Food and Drug Administration was given the further authority to ensure that drugs showed substantial

evidence of efficacy from adequate and well-controlled investigations prior to approval.” The United States Food and Drug Administration's authorities have evolved over the past century, and so have the types of opioids available to U.S. patients (www.ncbi.nlm.nih.gov). After the first synthetic opioid medications were developed in the 1910s, manufacturers continued to develop new products and formulations (www.ncbi.nlm.nih.gov). In the 1960s and 1970s, the United States Food and Drug Administration approved short-acting combination products such as oxycodone and acetaminophen (www.ncbi.nlm.nih.gov). In short every aspect of the regulation of prescription opioids runs through the United States Food and Drug Administration. With that power more pressure should be put on prescription opioid manufacturers to produce safer drugs that not only assist with the many different type of pains, but are also safe to the point where addiction and abuse do not become a problem.

Added to the United States Food and Drug Administration the other current organizations that assist with the regulation of prescription opioids are the Department of Health and Human Services, Department of Justice, and the Drug Enforcement Administration (rehab.com). All of these entities have different roles in the regulation of prescription opioid drugs (rehab.com).

The Department of Health and Human Services and are focusing their priorities on these five major priorities: improving access to treatment and recovery services, promoting use of overdose-reversing drugs, strengthening our understanding of the epidemic through better public health surveillance, providing support for cutting-edge research on pain and addiction, and advancing better practices for pain management (drugabuse.gov). All of these factors are effective ways in which to combat prescription opioid drug abuse and addiction. For these purposes the ones that are most useful with dealing with prevention regulation are promoting use of overdose-reversing drugs, strengthening our understanding of the epidemic through better public health surveillance, providing support for cutting-edge research on pain and addiction, and advancing better practices for pain management. These three can go a long way in the fight to regulate prescription opioid drugs. Public health surveillance would help by studying both users of prescription opioid drugs and those that prescribe them. Providing support for cutting-edge research can provide adequate help in discovering drugs that don't require opioids in them, require smaller opioid doses, and creating more drugs to cancel out the effect of the opioids in prescription drugs. All of the aforementioned results of supplying support for the research on prescription opioid would be great in fighting

the prescription opioid epidemic. Lastly advancing better practices for pain management could not only provide more regulations on those prescribing prescription opioid medications, but can also go a long way to help doctors in educating them on prescription opioids.

The Department of Justice also is a necessary part of the regulation of prescription opioid drugs. According to justice.gov the Department of Justice's mission statement is, "To enforce the law and defend the interests of the United States according to the law; to ensure public safety against threats foreign and domestic; to provide federal leadership in preventing and controlling crime; to seek just punishment for those guilty of unlawful behavior; and to ensure fair and impartial administration of justice for all Americans." Over many years the Department of Justice has transformed from a one-person, part-time position, to large body of authority (justice.gov). It has impacted the opioid epidemic in many ways. Just this year on February 27, 2018, Attorney General Jeff Sessions announced the creation of the United States Department of Justice Prescription Interdiction & Litigation Task Force (hallrender.com). This was put in place to curb the United States prescription opioid drug problem (hallrender.com). According to the Department of Justice's press release, the Prescription Interdiction & Litigation Task Force will "aggressively deploy and coordinate all available

criminal and civil law enforcement tools... with a particular focus on opioid manufacturers and distributors” (hallrender.com). They have stated they will utilize all available civil and enforcement remedies, such as the False Claims Act and the Controlled Substances Act. The False Claims Act was enacted in 1863 by Congress with concerns that suppliers of goods to the Union Army during the Civil War were defrauding the Army (justice.gov). The Controlled Substance Act was established in 1970, and places all substances which were in some manner regulated under existing federal law into one of five schedules (dea.gov). The placement is based upon the substance’s medical use, potential for abuse, and safety or dependence liability (dea.gov). The Department of Justice also deployed the Opioid Fraud and Abuse Detection Unit in late 2017 (hallrender.com). It was then a pilot program intended to investigate and prosecute those individuals and businesses contributing to the nation’s opioid addiction (americanbar.org). This group was formed due to the fact that there was a high demand that something be done about the prescription opioid epidemic (americanbar.org). There was a need to target opioid fraud and prescription opioid abuse (americanbar.org). This is something that still stands true now. This was a product of the estimated 33,000 Americans that died due to the fact of opioid abuse in the United States in 2015

(americanbar.org). The Opioid Fraud and Abuse Detection Unit funds the work of 12 Assistant United States Attorneys that work on cases against individuals and entities that Sessions feels are contributing to the prescription opioid epidemic (americanbar.gov). The new unit will also employ a data-analytics team that will identify: physicians writing opioid prescriptions at a rate that far exceeds their peers, the average age of patients receiving opioid prescriptions, how many of a doctor's patients have died within 60 days of an opioid prescription, pharmacies dispensing disproportionately large amounts of opioids, and regions known for high opioid abuse (americanbar.gov). According to Criminal Litigation on americanbar.gov, in a speech announcing the new program, Attorney General Jeff Sessions stated, "The Department is determined to attack this opioid epidemic, and I believe these resources will make a difference. . . . If you are a doctor illegally prescribing opioids for profit or a pharmacist letting these pills walk out the door and onto our streets under false pretenses, we are coming after you." This shows that there have been attempts to curb the damage that has been caused by the prescription opioid epidemic. It also shows that there are people out there that really want to take on this epidemic head on. This is what it will take to try and conquer the prescription opioid drugs epidemic.

The last group that can help with the regulation of the prescription opioid drug epidemic is The Drug Enforcement Administration (DEA). The Drug Enforcement Administration has worked side by side with the previous organization mentioned previously. They were recently, under the presidency of Donald Trump, granted over 12 million dollars in grant funding (dea.gov). This funding is to aid in the fight against heroin, methamphetamine, and prescription opioids being illegally manufactured and distributed of methamphetamine, heroin, and prescription opioids (dea.gov). According to dea.gov, “Every U.S. Attorney will designate an Opioid Coordinator by the close of business on Dec. 15, 2017. Each USAO Opioid Coordinator will be responsible for facilitating intake of cases involving prescription opioids, heroin, and fentanyl; convening a task force of federal, state, local, and tribal law enforcement to identify opioid cases for federal prosecution, facilitate interdiction efforts, and tailor their district’s response to the needs of the community it serves; providing legal advice and training to AUSAs regarding the prosecution of opioid offenses; maintaining statistics on the opioid prosecutions in the district; and developing and continually evaluating the effectiveness of the office’s strategy to combat the opioid epidemic” (dea.gov).

Together organizations like these mentioned previously can work together to decrease the prescription opioid epidemic. They can set the regulations and laws to help prevent abuse and addiction to prescription opioids. One of the major things that these organizations should be targeted are pill mills. Pill mill is a term used by local and state legislature to describe a doctor, clinic, or pharmacy that is prescribing or dispensing powerful narcotics inappropriately or for non-medical reasons (cbs.com). These pill mills are part of the reason why it is so hard to regulate prescription opioid abuse and addiction. These unethical doctors, clinics and pharmacies prescribe a seemingly unlimited supply of prescription opioid drugs to those that want them. Pill Mills come in a variety of different presentations. Most of the time they seem to be legit pain management centers, and they are also here one day and gone the next to avoid being targeted by local, state, and federal agencies (cbsnews.com). In 2015, 250 pill mills disguised as pain management centers were raided and shut down in Florida alone (drugabuse.com). According to *What's a Pill Mill?* "It is illegal for any doctor to prescribe pain medication without a medical purpose or outside the usual course of medical practice (cbsnews.com). If a prescription is deemed as not "valid," a doctor could be charged with drug trafficking. This is a felony with the possibility of up to life in prison. It is

also illegal to practice or prescribe medicine without a license.” So what would make a professional risk their career to deliver these prescription opioid drugs to the public illegally? The answer to that question is, money. In 2016 alone prescription drug use spending rose to \$450 billion based on list price, and \$323 billion when adjusted for discounts and rebates (cnbc.com). So this here is strong enough reason for them to take the risk. With these issues there is more than enough reason to get more regulation for prescription opioid use.

Another preventative measurement to help combat the prescription opioid epidemic is better practices by doctors. Doctors are a key component in the fight on prescription opioid abuse and addiction. They are the primary prescriber to prescription opioids. Primary care physicians make up 45 percent of the prescription opioids drug prescriptions written, while specialty doctors account for 22 percent (drugabuse.com). Together they account for 67 percent of all prescription opioid drugs that are given out, so focusing on getting them the education and training they need to practice better is key. Things to be considered are substitutions for powerful prescription opioid medicines, patient screenings to check for prescription opioid abuse, medicines that block the effects of prescription

opioid drugs, and better overall prescribing period. These will help greatly in the fight to decrease the prescription opioid abuse and addiction.

Safe handling in homes is another way to combat the prescription opioid drug abuse epidemic. This is especially true when dealing with children and adolescents. As stated earlier, the majority of children get their hands on prescription opioids drugs either at home or from friends. According to Dr., Allareddy Ways to keep prescription opioids out of the reach of children is to “keep under lock and key.” He further says keep it out of sight and out of reach of children in order to keep it out of their hands (webmd.com). Quite honestly there is no reason for a child between the ages of 0 and 5 to be able to get their hands on prescription opioid drugs. According to Prescription Opioid Exposures Among Children and Adolescents in the United States: 2000-2015, a study shows that most children between the ages 0 and 5 years were exposed to prescription opioid drugs due to curiosity (<http://pediatrics.aappublications.org>). This means things like children getting into the family medicine cabinet or into their parent’s drawers. For teenagers as stated earlier most of them receive the prescription opioid drugs from friends or relatives and use them for experimental reasons. As stated earlier teenagers who use prescription opioid drugs use them without a doctor’s prescription .

(<http://pediatrics.aappublications.org>). Teenagers are the only age group in which intentional exposures are more common than unintentional exposures (<http://pediatrics.aappublications.org>). The best way possible to deal with this is to keep the prescription opioid drugs out of the reach of young children, and make it more difficult for teenagers to access the prescription opioid drugs.

The last preventative method for combating the prescription opioid drug epidemic is, coming up with alternative drugs and treatments for pain management. Alternative medicines and treatments would do great work to help combat the prescription opioid drug epidemic. Depending on the severity of the pain, there are a number of different alternatives to prescription opioid drugs. According to Drugabuse.com, the list of alternatives to prescription opioid drugs is as follows:

1. Over-the-Counter Acetaminophen – The active ingredient in Tylenol and is another effective pain reliever (drugabuse.com). The American College of Rheumatology recommends it as the first-line of treatment (drugabuse.com).
2. Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) – More potent than acetaminophen, but also available in over-the-dosage (drugabuse.com). Higher dosages can be taken with a prescription.

They include anti-inflammatory drugs, such as Aleve (drugabuse.com). They do have risks for older patients such as toxicity in organs, liver or kidney failure, and also ulcers (drugabuse.com).

3. Corticosteroids – They inhibit injured nerves to provide pain relief.

They can accelerate joint destruction as well as, immune system suppression, gastrointestinal issues, and psychiatric effects (drugabuse.com).

4. Serotonin and Norepinephrine Reuptake Inhibitors – These antidepressants are appropriate for treating nerve, muscular and skeletal pain (drugabuse.com). They also help with sleep (drugabuse.com).

These two give relief but don't have the side effects of the prescription opioids (drugabuse.com).

5. Neurostimulators – This treatment uses implanted electrodes to interrupt nerve signals (drugabuse.com). It does not cure what causes the pain, but stops signals before they reach the brain (drugabuse.com). It is used for back, neck, arm, or leg pain (drugabuse.com).

6. Anticonvulsants – Traditionally used to treat epilepsy, anticonvulsants can also relieve neuropathic pain by suppressing pain signals from the brain (drugabuse.com).
7. Injection – These can be used to treat arthritis, injuries, muscle pain, and headaches (drugabuse.com).
8. Physical Therapy & Exercise – Therapy means more effort from the patient, but is a great way to improve healing and long-term pain relief (drugabuse.com).
9. Chiropractic Care, Massage, and Acupuncture – Reported more effective than medication by some, plus they have no side effects (drugabuse.com).

In the end prescriptions opioid drugs are not always the choice when it comes to pain and these are some alternatives that may be a better choice.

Importance of Prevention

The fight against prescription opioid drugs is important because it will save lives. According to drugabuse.gov, 1.9 million people in the United States suffered from use disorders related to prescription opioid pain medication in 2014. Added to this, in 2014, 20,000 people died from prescription opioid overdose (drugabuse.com). There has been a

significant increase in the number of prescription opioid abuse and addiction cases over the last couple of decades. It affects adults and children. Millions and millions of dollars are spent in health care costs a year due to abuse and addiction to prescription opioid.

Conclusion

In conclusion, a lot of lives have been affected by prescription opioid abuse. There have been thousands and thousands of deaths due to this epidemic. While prescription opioid medications do relieve pain, the side effects of the prescription drug opioids can do more damage to the body than the actual illness they are prescribed for. As stated earlier, there needs to be a lot of work done to help decrease these addiction cases. Prevention is the best way to fight this epidemic. Education, regulation, safe practices for doctors, safe use in homes, and alternative methods to prescription opioid drugs are all great ways to start to push back against this epidemic. The fight is against the prescription opioid drug abuse and addiction is still going on. Hopefully there will be progress made in the near future to stop this epidemic.

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