



Can We Be Honest About Opioid Addiction?

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It all started in the late 1990s: Patients were wracked with pain. Physicians had known about opium's addictive and deadly potential for centuries. In fact, a morphine addiction that caused large societal problems in the early 1900s led American doctors to rarely prescribe opiate-based drugs for over 50 years.

It wasn't until the 1970s and '80s that the mindset of the medical community started changing. Healthcare providers agonized overseeing their patients live in pain. They didn't want cancer patients to suffer during the final days of life or burn victims to suffer during tissue repair surgeries.

For nearly a century, the hunt had been on for an alternative to opioids. When doctors couldn't find a solution, they began changing how patients received end-of-life-care. Then, a pharmaceutical company recognized the demand and answered the call. They introduced a product that changed the way pills worked. The company declared an almost-magical solution to rid the country of pain. And it was not limited solely to cancer patients or those with post-surgical pain. This was a revolution in healthcare that started with helping patients in chronic pain which led to scores of doctors prescribing highly addictive drugs to patients with minor ailments.

Before research was done to prove what we know now, physicians in the 1990s weren't trying to get the country addicted with opioid prescriptions. To them, it was about compassion. It was about an end to suffering. The wildfire didn't spread until pharmaceutical companies learned how much money could be made. Across the nation, exuberant drug representatives bombarded doctors' offices informing them about the new opioid medications on the market. Which led to physicians liberally prescribing opioid pain relievers in good faith while the drug companies' profits increased.

This subsequently created the widespread diversion and misuse of these medications before it became clear that they were indeed highly addictive. Opioid overdose rates began to increase at alarming rates. Insurance companies, public health departments, hospitals, and first responders took notice and declared something had to be done to decrease fatalities. Therefore in 2010, doctors started prescribing fewer opioids but the plan backfired. Instead of seeing overdoses decrease, they sharply started to rise as patients looked to the streets to find relief from pain.

In 2017, after more than 47,000 Americans died as a result of an opioid overdose - including prescription opioids, heroin, and illicitly manufactured fentanyl (a powerful synthetic opioid) – the acting Health and Human Services Secretary, Eric D. Hargan,

declared the national opioid crisis a public health emergency. That same year, an estimated 1.7 million people in the United States suffered from substance use disorders related to prescription opioid pain relievers, and 652,000 suffered from a heroin use disorder (not mutually exclusive).

Today, more than 130 people in the United States die daily from overdosing on opioids. Illinois statistics are similar to that of the rest of the country. Over the past three years even with a decline in prescriptions, overdoses from heroin, fentanyl, and other opioids are steadily increasing.

Madison and St. Clair Counties are not immune to this epidemic. In 2018, there were 185 fatal overdoses involving mixtures that have included illicit and legal opioids. Since January 1, 2019, there have been a total of 71 fatal overdoses in both counties. The misuse of and addiction to opioids, which include prescription pain relievers, heroin and synthetic opioids such as fentanyl, is a serious national crisis that greatly impacts our local public health as well as the social and economic welfare of Madison and St. Clair Counties.

The opioid epidemic is a mammoth contributor to the diseases of despair (drug abuse, alcoholism, and suicide) that has become a disturbing trend disproportionately impacting white, middle-aged Americans. Since 1999, increases in deaths attributed to these conditions have been contributing to the decline of life expectancy in the U.S. This is the first time in decades, outside of wartime when middle-aged Whites without a college degree are dying on average earlier than their parents. Unfortunately, both Madison and St. Clair Counties, along with Illinois state-wide statistics closely match that of the entire country. In 2018, both counties combined had 91 fatal overdoses between the ages of 35-54 with 85% being white males and females.

This alarming trend is not slowing down. In April 2019, Blue Cross Blue Shield released a report entitled “The Health of Millennials” (born between 1981-1996) which ranked major depression, substance use disorder and alcohol use disorder as the top three conditions adversely impacting health. When BCBS compared these numbers to that of Generation Xers at the same age, there was a 12% increase in substance use disorder and an 18% increase in major depression.

The Centers for Disease Control and Prevention (CDC) estimates that the total “economic burden” of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of health care, lost productivity, addiction treatment and criminal involvement. In Madison and St. Clair Counties, where Fentanyl use is rapidly increasing, we are already seeing a burden to our community’s resources and economy.

A study from investigators at the Massachusetts' General Hospital (MGH) Institute for Technology Assessment projects that the opioid overdose epidemic in the U.S. will increase in coming years. Current measures based on restricting access to prescription opioids are having a minimal impact in reducing overdose deaths. This is due to the fact that the driving force of the epidemic has changed to illicit opioids like heroin and fentanyl. What the study concluded was that communities need a multipronged approach that includes strategies to identify opioid use disorder, improved access to medications like methadone and buprenorphine, and expansion of harm reduction services such as the overdose-reversal drug Narcan.

Though the battle against opioids feels quite daunting, there is hope on the horizon. States are introducing new legislation, doctors are using conservative care approaches to pain and pharmaceutical companies are losing in court. But ultimately real change will occur when each one of us consciously decides to end the stigma regarding addiction. The time is now to stop denying the fact that each one of us knows someone with an addiction. It may even be yourself.

As a society, we can't continue the stigma because it's not just limited to illicit drugs or opioids. Americans are addicted to drugs, alcohol, food, sex, gambling, technology, video games...the list goes on. The problem is 99% of the time we say "what is wrong with you" instead of using empathy and asking "what happened to you". This opioid epidemic in Madison and St. Clair counties can disappear but first, we have to change the dialogue.

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