Impacts of the rise of opiod misuse in the us

Introduction

The rise in opioid prescriptions in America proves abuse and mortality rates connected to overdose deaths. This drives physicians, nurses, and policy makers to change their professional perspective in opioid prescription in post-operation surgery framework. The misuse of opioids also results in using painkillers as a recreational drug, which is highly advertised on the black market. The epidemic of opioid use required nurses to receive an appropriate training on identifying risks and symptoms of the medication. It was significant to determine an opioid sedation scale to remove overdoses and prevent fatal outcomes. With the popularity of illicit painkillers including heroin and fentanyl, the target population still could access opioids. In this research paper, I will visualize the statistical overview of opioid epidemics, effects of opioid resistance, misuse including substance disorder and addiction. The relevant solutions are offered from the scholarly literature necessary to determine the causes and effects of painkillers. The recommendations include reducing opioid prescription and prescription of more alternative painkiller medications. Opioid addiction risks and limitations show the devastating effects of opioid on physical and psychological health, and related economic and end-of-life costs.

Significance of Issue

The overuse of opioids resulted in the rise of death rates in response to overdose, which was highly covered by media. Opioids generally can be considered as effective drugs used to decrease the pain after surgery, lessen cancer pain, and symptoms after dental procedures. Prescription for

analgesics in the 2000s confirmed the epidemic of fatal overdoses and addictive patterns among the public. It is argued that death rates from opioids were higher than casualties from heroin and cocaine overdoses (Sites, Beach & Davis, 2014). Therefore, the magnitude of the opioid crisis was recognized by the Centers for Disease Control and Prevention (CDC), which promoted alertness and increased awareness about the scope of the issue. The illicit dissemination of analgesics was more controlled by the Drug Enforcement Agency (DEA) and the public became more concerned with risks of opioids.

The media promoted stigma and stereotypes about opioids as dangerous drugs because of CDC refusal to present the justification and proofs about its impact on physical human health. CDC soon began publishing exaggerating data about the danger of opioids for treating pain and its sensationalized depiction in the media. Though, the patient still sought for the treatment of acute pain and asked physicians to get a necessary prescription. On the contrary, they were denied to receive opioids and face sociomedical difficulties to relieve pain. For example, in Indiana, Florida, Montana, Texas, and some other states, doctors avoided prescribing these drugs. In the media, a number of mortality rates as an outcome of opioid use still was on the peak. The patients on their terminal stages of illness and cancer died because of the inability to access opioids and its stigmatization.

The commonality of different opioids affected the rise of its different types at the illicit market, which exacerbated opioid epidemics and brought large economic costs. Therefore, at the nursing practice, patients could not receive a proper prescription for opioids, so the rise of synthetic, semisynthetic,

methadone, and nonmethadone drugs was highly marketed online. This brought the large economic and socials costs for the target population that thought the illicit market as the perfect opportunity to reduce the acute pain. Fentanyl became the most common drug in 2014 that present nonmethadone analgesics along with the use of heroin. “ In 2013, heroin was detected in 1, 342 (10%) of opioid analgesic fatalities, increasing to 26% in 2014” (Rose, 2017). The other types of opioids included such drugs as morphine oxycodone, codeine, hydrocodone, and tramadol. The opioid supply correspondingly brought about the large costs that resulted in expenditures of 53, 4 billion dollars per year (Demsey, Carr, Clarke & Vipler, 2018). American population became the primary users of the opioid production covering two-thirds of total opioid supply.

The cultural and social considerations of opioid use constituted excessive marketing pharmaceutical campaigns and policies on the regulation of opioid liberation. During the period from 2000 to 2010, Purdue Pharma L. P. was the most famous advertising campaign, which highly promoted the opioid known as Oxycontin From the regulatory framework, the U. S. Veterans Health Administration enforced the rule that pain was deemed to be a natural process and had to be measured at a scale from 0 to 10 to provide specific prescription (Sites, Beach & Davis, 2014). Other organization known as the Joint Commission on Accreditation of Health Care Organizations published the models of pain management applicable to care enterprises.

Review of the Literature/Discussion

The rise of opioid misuse marked the associated deaths from analgesics, which despite their restriction, were still common on the black market. Rose (2017) in his research underlines the facts, origins, outcomes of the opioid ban, and dissemination of synthetic opioids at the black market. He identifies that the basic cause of the opioid crisis was the excessive prescription of opioid analgesics in 2014, which resulted in related deaths. The research highlights the effect of uncontrolled chronic pain on human psychological and physical health including related suicides, premature deaths, low quality of life, and self-medication. Concerning the last approach, it is highlighted that self-medication promoted the dissemination of illicit analgesics such as heroin and fentanyl. As a result, CDC enforced new guidelines and models for chronic pain measurement that affected misconceptions about opioids. The consequence of the model was marked by the restriction of opioid, though, the illicit use of the drugs was on the peak.

Prescription of opioid analgesics in the surgical settings is characterized by the inappropriate use, postoperative analgesics prescription, and refills, which can be modified by prescription of safer alternative painkillers. Waljee, Zhong, Hou, Sears, Brummet & Chung (2016) in their study studies the effect of opioid medication among 296, 452 adults, who underwent arthroplasty and other arthritis problems. It was identified that 59 % had to receive a postoperative analgesics prescription, especially hydrocodone and 8, 8 % received them inappropriately (Waljee et al., 2016). One of the solutions was to indicate opioid medication as the risk factor and foreseen the possible prolonged courses of medications before the surgery. It was offered to

prescribe more alternative analgesics, though, the scope of this issue was limited in the research.

The usage of opioid analgesics marked the high rates of drug prescription that was not related to improvements of health status within the U. S. population. Sites, Beach & Davis (2014) highlighted that the use of opioids in 2000 rose from 43, 8 million to 89, 2 million in 2010. Though, the effects of excessive prescription of painkillers did not bring any positive outcomes on the health of the people with disabilities. The pain measurement plans and pharmaceutical plans were enforced to keep sage opioid use ; however, advertising played the crucial rôle in promoting opioids as beneficial medications. Though, the decision to reduce opioids was not successful among the target population as the levels of morbidity, addiction, and overdose were still the same. The research by Voon, Karamouzian & Kerr (2017) proved the same picture and confirmed the prevalence of misuse, substance use, and addiction among opioid users. The scholars offered that clinical screening could be the alternative approach in testing a drug, checking the blood level, choosing the right opioid, dose, and the proper treatment. Although, the research and evidence on its feasibility were limited and should be more consistent and clear on related strategies.

Conclusion

The scholarly literature used for research confirms the prevalence of opioid crisis in the 2000s and public health necessity of reducing prescription rates of analgesics in clinical practice. The possible solutions to the problem were concerned with controlling the risk management of medication prescription.

The pain measurement models offer more consistent monitoring of the patient’s treatment and alternative analgesics, which can substitute the dangerous opioid effects. The research is still limited to potential painkillers, which can be prescribed instead of opioids. The patients undergoing surgery often require the repetitive opioid prescription to manage postoperative rehabilitation. Patients often stay dependent or addicted to the medications, which puts prescription of opioids at risk. While opioid analgesic overdoses have reduced over the years, patients still face restriction on receiving the appropriate opioid therapy. I think that opioids should be prescribed only in case of chronic acute pain to limit the negative symptoms and outcomes of the drug. Nurses and physicians should monitor the history of the disease, blood level, and possible complications, which may arise during the course of treatment. This would help a positive effect on pain management, rehabilitation from surgery, and better health status. Though, avoidance to prescribe analgesics sometimes might induce undesirable outcomes on both physical and psychological health including severity of addiction and possible deaths from the abundance of pain.

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