

Opiate addiction essay

[Economics](#), [Budget](#)



The social effects of opiate addiction are felt by those who may have never even seen more than an image of heroin. For example; “ In an early study, for example, Inciardi reported that a cohort of 239 male heroin addicts from Miami committed 80, 644 criminal acts during the 12 months before being interviewed (Inciardi, 1979).

”. (Strain and Stitzer, 2006) In part, this is due to the problems associated with the severe withdrawal symptoms that begin about 18 hours after the last use, and the result that addicts will do almost anything to avoid them. These include sweating, vomiting, insomnia, cold sweats, pain in the limbs, yawning, sneezing, severe bone and muscle aches, diarrhea, stomach cramps and fever. Socioeconomic status is also a glaring problem that needs to be addressed. “ Most opiate addicts are under age 30, of low socioeconomic status, and poorly educated. ” (Zastrow, 267) Education would appear to be a viable solution here, but where does one start? Simply, the addict should be aided with fundamental assistance and training to begin to assimilate, and society at large should be helped to better understand and foster an attitude of understanding and patience based on education that is not fear-based; as has historically been the case. Analogously, this is best summarized by saying, “ The public’s general lack of accurate information about drugs has led to irrational fears about drug use and abuse.

For example, there is the fear that use of marijuana will always be a stepping stone to use of narcotic drugs. (Zastrow, 281) While some studies can present declining drug use and attribute it to more rigid drug laws and enforcement, it is difficult to separate the efficacy of other treatment alternatives, such as methadone, as legislation has typically toughened as

other options are approached. The correlation is most difficult to divide as a result. B. Identify the current social policy and practices The federal government imposes mandatory minimum jail sentences for first-time heroin offenders. The amount of heroin, prior convictions and the presence of a firearm are determinant factors of a mandatory sentence. Possession of 100 grams of heroin brings a mandatory minimum sentence of five years in prison; one kilogram brings a mandatory sentence of 10 years. Besides the financial burden to all of us; “ For example, it costs \$99.

12 a day to house an inmate at a reception center...” (FDOC, June, 09). In just a few years, this becomes quite a bill. As mentioned earlier, the social stigma of drugs and abuse of drugs historically has created an undercurrent of fear that results in public clamoring for harsher laws and punishments. Heroin, morphine and other opiate derivatives were unregulated and sold legally in the United States until 1920 when Congress recognized the danger of these drugs and enacted the Dangerous Drug Act. This new law made over-the-counter purchase of these drugs illegal and deemed that their distribution be federally regulated. By the time this law was passed, however, it was already too late. A market for heroin in the U.

S. had been created. By 1925 there were an estimated 200, 000 heroin addicts in the country.

It was a market which would persist until this day. Ironically, the war on drugs is relatively inefficient at stopping the drug flow in its own institutions built to stop drugs; it’s no secret that drugs are relatively available in prisons around the country. ” (Narconon, 2009) C. What social policy would you

propose When considering the ever growing cost just in terms of the legal system, as well as the negative social consequences associated with heroin addiction, it seems that not a lot has really changed. One option is the use of methadone to medically treat the withdrawal from heroin, thereby engaging the addict in pursuing self discovery and social growth without heroin.

Reductions in crime are astounding, “ Patients in methadone maintenance showed the greatest reductions in criminal activity and drug selling, down 84 percent and 86 percent, respectively, of any type of opioid addiction treatment studied. ” (US Dept.

of HHS, pg. 20) It appears fairly obvious that the use of methadone can create a much greater propensity for the desired result than have other modalities. I would assert that the use of methadone, especially early in one’s addiction, can help guide the addict into a mainstream lifestyle; rather than into a lifestyle of shame and perpetual punishment. The current treatment option of criminalizing addicts can be implemented still in the potentially rare instances that there may be those unwilling to disengage from current undesirable lifestyles.

D. What should the role of social work be in responding/intervening with the problem? The primary intent regarding addiction from the social work perspective should be to help the general public understand that persons addicted to opioids, much the same as victims of any chronic relapsing disease, deserve to be treated with compassion and respect as they seek access to medical treatment for their disease. Having that foundation, the use of methadone can be a very efficient, non threatening alternative

treatment. Social services should be meaningfully incorporated into the process at the onset of one becoming involved in the legal system by way of addiction. Policies and procedures that greatly enhance the assessment, intervention, and treatment of addiction should be as visible and available as the authority figure prominently appears in institutions.

The beyond low budget infusion of social work as it currently exists is unquestionably in need of change. As recently as February , we read that, “ Signs of distress are bleeding out to schools, transit agencies and social service providers, all of which complain that it is getting hard to make ends meet because the state is chronically late with promised cash. Meanwhile, the state’s credit ratings are tanking, making it ever more expensive to borrow to make ends meet. ” (Secter, Chicago Tribune, 02/10) No program can be remotely effective consistently facing such monetary issues. E.

Conclusion As defined in “ The Social Work Dictionary”, social workers are “ graduates of schools of social work(with either bachelor’s, master’s, or doctoral degrees) who use their knowledge and skills to provide social services for clients (who may be individuals, families, groups, communities, organizations, or society in general). Social workers help people increase their capacities for problem solving and coping, and they help people obtain needed resources, facilitate interactions between individuals and between people and their environments, make organizations responsible to people, and influence social policies. ” (Barker, pg 410) This is hardly the description of a person whose job is to be merely a mandatory fixture.

In opening the door to effective, personalized methadone based treatment, the addict no longer faces a future of social pariah. With the help of a team and community based methadone service provider that is able, with appropriate budgetary concerns, to enable clients to be globally assisted through the relative emotional and physical safety of methadone treatment. Breaking the unhealthy patterns of isolation, deceit, theft, and shame, to name a few, will only be possible through the education and confidence that another, better way of living can be obtained.

With the addict no longer anticipating suffering the debilitating effects of withdrawal, he can more effectively be engaged in self discovery and become desirous of growth and positive change for himself.