

Annotated bibliography on the opiod crisis



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Elzey, Mark J, et al. "Patient Characteristics and Outcomes in Unintentional, Non-Fatal Prescription Opioid Overdoses: A Systematic Review." *Pain Physician*, vol. 19, no. 4 2016, www.painphysicianjournal.com/linkout?issn=1533-3159&vol=19&page=215. This article was composed by three authors, all who have obtained their Doctor of Medicine (M. D.) degree. It is available on pain physician journal, a peer reviewed cite whose main audience is for fellow physicians or scientist with interest in pain management related to medicine and current interventions. This article is addressing an issue concerning opioid overdoses, specifically accidental overdoses. It explains how a large number of overdoses that lead to injury or death are actually unintentional versus intentional. The authors were able to reach their conclusion through a systematic review of 24 related articles to opioid overdoses. The results listed various reasons for opioid overdoses. Also, it stated that having Naloxone available at home could help reduce the opioid overdose rates. This article strengthens my stance in two ways. First it explains that not all overdoses are intentional, most are unintentional. Second, that having and providing early treatment with Naloxone could reduce opioid overdoses.

Hawk, Kathryn F et al. "Reducing Fatal Opioid Overdose: Prevention, Treatment and Harm Reduction Strategies." *The Yale journal of biology and medicine* vol. 88, 3 235-45. 3 Sep. 2015. This article was written by three authors, Kathryn Hawk, Federico Vaca, and Gail Onofrio. All three authors are physicians, specifically in emergency medicine. The article can be found on the National Center for Biotechnology Information (NCBI) website, which is part of the nation's library for medicine. The audience is targeted to medical

professionals and the general public. The authors were able to strengthen their research by referencing a total of 101 references listed at the end of their work. The main purpose of the article is briefly highlighting the increasing opioid epidemic and the toll it is starting to take, but more importantly reveal solutions to the issue. One solution mentioned was to increase Naloxone availability and bystander use of it. This strengthens my stance in my research, the Naloxone should still be available to the public and not taken away. By increasing the availability of Naloxone, we have a chance to decrease opioid overdoses and deaths.

Ibrahim, Wanis H. "Recent advances and controversies in adult cardiopulmonary resuscitation." *Postgraduate medical journal* vol. 83, 984 (2007): 649-54. doi: 10. 1136/pgmj. 2007. 057133. This article was written by Doctor Wanis H. Ibrahim. The article can be found on the National Center for Biotechnology Information (NCBI) website, which is part of the nation's library for medicine. The article's purpose is to review advances and controversies in cardiopulmonary resuscitation (CPR). To build his article Ibrahim referenced 93 different articles relating to changes, improvements, and controversies in CPR. All articles referenced were credible coming from the United States National Library of Medicine. In his article Ibrahim mentions the statistics of chances of survival when it comes to early interventions. Studies showed that when early CPR was performed on patients then they had a greater outcome of obtaining return of spontaneous circulation (ROSC). In my paper I relate how early intervention from a lay person can increase the chances of survival prior to emergency medical services (EMS) arrival. In my paper early administration of Naloxone gives

the patient a better chance of being revived versus no interventions. Ibrahim provides the same explanation, that early CPR increases the chances of ROSC in a patient. This relation in terms of prehospital interventions improving patient outcomes helps strengthen my stance.

Jordan, Matthew R. "Naloxone." *StatPearls [Internet]*. U. S. National Library of Medicine, 19 Feb. 2019, www.ncbi.nlm.nih.gov/books/NBK441910/. This article was written by Matthew R. Jordan, he is a PhD candidate in the department of psychology at Yale university. The article can be found on the National Center for Biotechnology Information (NCBI) website, which is part of the nation's library for medicine. The article's audience is targeted toward the general public and those in the medical field. The purpose of the article is to inform readers about Naloxone. First Jordan starts with a brief history of Naloxone which then leads towards the indications of using it; opioid overdoses. Jordan goes on to explain the mechanism of action or how Naloxone specifically works. In this section he explains the half-life of Naloxone which is the duration of effectiveness. I use this fact in my stance to reiterate that it is still important to seek medical attention even if Naloxone is administered and the patient returns to their baseline. Jordan continues with drug dosages, routes of administration, adverse reactions, and contraindications. Jordan concludes that Naloxone is mostly successful in reversing an opioid overdose, though there are no studies to prove it will reduce illicit drug use, the best way to prevent illicit drug use would be through educating users about the negative consequences (Jordan). I use this article to explain the effectiveness of Naloxone and why it works to reverse opioid overdoses.

Liu, Lindsay, et al. "History of the Opioid Epidemic How Did We Get Here?" *Poison Control National Capital Poison Center*, [www. poison.org/articles/opioid-epidemic-history-and-prescribing-patterns-182](http://www.poison.org/articles/opioid-epidemic-history-and-prescribing-patterns-182). Accessed 9 May 2019. This article was written by three authors, Lindsay Liu, Diana Pei, and Pela Soto, all who are pharmacist and are certified specialist in poison information. This article can be found on [posion. org](http://www.poison.org) which is national capital poison center. The audience is geared towards the general public or medical professionals, the website also has information related to specific medications, pill identifiers, and poison prevention information. The purpose of this article is to explain the history of how the opioid crisis started in the early 1990s, then how it snowballed from there. This is one of the two articles I use to set the foundation in my research, the other is the history and use of Naloxone. In order to understand the opioid crisis, we need to know the history and how it began. This article explains how initial opioid abuse started with prescribed medications, then later transitioned to illicit and synthetic opioids. This article helps to strengthen my stance by showing how Naloxone can decrease the opioid injuries and deaths related to this epidemic, and It is another available treatment option.

McCance, Elinore, et al. "The Federal Response to the Opioid Crisis." *HHS.gov*, U. S. Department of Health & Human Services, 18 Oct. 2017, [www. hhs.gov/about/agencies/asl/testimony/2017-10/federal-response-opioid-crisis.html](http://www.hhs.gov/about/agencies/asl/testimony/2017-10/federal-response-opioid-crisis.html). This testimony can be found on [HHS. gov](http://www.hhs.gov), which is the U. S Department of Health and Human Services. The testimony was given from Elinore McCance-Katz, M. D., Ph. D., Deborah Houry, M. D., MPH, Francis Collins, M. D., Ph. D., and Scott Gottlieb, M. D. The testimony was about the opioid

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crisis and given before Committee on Health, Education, Labor and Pensions (HELP). This article starts off by giving a brief history of how the opioids crisis began in the early 1990's. To help combat this crisis a five point plan was suggested. In my research I focus on one of the five points, " Target the availability and distribution of overdose-reversing drugs to ensure the broad provision of these drugs to people likely to experience or respond to an overdose, with a particular focus on targeting high-risk populations (McCance)". This point helps support my claim, that Naloxone should continue to be available in order to decrease the rise in opioid overdoses.