
Opioid Addiction and Overdose in America

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INTRODUCTION

In 1971, Richard Nixon declared the war on drugs. Today, almost 53 years later, it's clear the United States has not only lost this war but is also suffering the consequences. In 2014, the life expectancy of Americans decreased for the first time since World War I (Deweerd 2019). The drug related death toll in 2017 alone surpassed American casualties (Minhee and Calandrillo 2019) from "the Vietnam, Iraq, and Afghanistan wars combined." Three drugs in particular are to blame for what the American government has deemed a public health emergency: opioids, heroin, and fentanyl. Ironically, legally acquired prescription opioids are the biggest culprit as they have acted as a gateway and created a snowball effect into the more serious drug use of heroin and fentanyl. Drug addiction and drug overdose is now considered to be a number one threat to the American people (Minhee and Calandrillo 2019).

CONTEXT

To understand how the United States got here, let's rewind to 1995 when Purdue Pharma began a manipulative and deadly anti-pain campaign. Prior to 1995, the medical community viewed opioids like Purdue's OxyContin as medication only to be used by those who were terminally ill. Purdue hoped to expand the possibilities for who might be deemed appropriate to receive this kind of medication, so they went on a nationwide lobbying offensive. Their goal was to manipulate physicians into believing that these opioids did not pose a risk for their patients because opioids were not an addictive substance if used under the appropriate supervision of a medical professional. Purdue did this by citing a 1986 study, which only included 38 participants, to prove to physicians that opioids would only pose an addictive threat if used recreationally (Minhee and Calandrillo 2019), and invented a new term called "pseudoaddiction" to downplay the

actual threat their opioids would pose to the American people. Despite this history, it would be an oversimplification of a very complex situation to only blame Purdue Pharma for the current drug epidemic; they were not prescribing the opioids, medical professionals were.

According to an expert in pharmacology (Minhee and Clandrillo 2019), “the success of OxyContin stems partly from the fact that so many doctors wanted to believe in the therapeutic benefits of opioids.” Whether this was true or not, it was not long after the opioid flood gates were opened that it should have become very clear to all parties involved that something was going terribly wrong. Minhee and Clandrillo give one example of what should have been an alarming warning sign was the fact that “some counties and states had more prescriptions than people, yet distributors continued to let the drugs proliferate.” Purdue Pharma and the doctors would have been aware of the number of opioids they were selling and prescribing, and yet the number of drugs being introduced to the American public accelerated at hazardous levels. Jones et al. (2018) notes: “From 1997 to 2002, OxyContin prescriptions increased from 670,000 to 6.2 million.” A large part of why opioids like OxyContin skyrocketed in sales was because, unlike Purdue Pharma’s original claims, their drugs were extremely addictive and users were now needing larger doses (Ryan, Girion, and Glover 2016). Due to the benefit of hindsight, the Center for Disease Control and Prevention (CDC) now knows that “up to 24% of people on the drugs long-term become addicted.” With more and more negative statistics like this becoming known to the public, it was only a matter of time before Purdue Pharma had to pay for its wrongdoing.

After 12 years, Purdue Pharma had been sued and fined 635 million dollars for marketing OxyContin as less addictive when they knew from the outset that this was false information. Unfortunately, this fine did nothing to help the millions of Americans who now suffered with addiction and were seeking out cheaper and more potent drugs (Minhee and Clandrillo 2019). At this point, phase two of the epidemic began. As restrictions mounted and legal opioids became harder to acquire, addicts began turning to heroin. If it seems like hyperbole that one drug can lead to another drug, Minhee and Clandrillo (2019) found

that "94% of opioid-addicted participants reported switching from prescription opioid pills to heroin because the former was far more expensive and harder to obtain." Unlike opioids like OxyContin, which are synthesized in a lab and can almost guarantee that the user is getting a consistent dose, heroin is illegally manufactured and far less safe for the user. In fact, "between 1999 and 2016, heroin related overdoses increased by a factor of five" (Minhee and Clandrillo 2019). Unfortunately, this is because heroin is often laced with one of the most dangerous drugs of all time: fentanyl, which represented phase 3 of the epidemic.

Fentanyl poses such a danger (Minhee and Clandrillo 2019) that it is only "medically appropriate for individuals facing imminent death. It is not only 100 times more potent than natural morphine, but 50 times stronger than heroin." What adds to the level of danger that Fentanyl poses is that many users have no idea they are about to ingest it, as dealers cut either heroin or cocaine with it to increase its potency. By 2016 (Minhee and Clandrillo 2019), "deaths involving synthetic opioids, mostly fentanyl, had risen 540 percent in just three years." In a period of 18 years, the United States witnessed how a legally prescribed drug can ravage communities, morph into increasingly dangerous forms, and seemingly have very little in the way of effective responses for how to combat this deadly epidemic. It is past time for the United States to look for new solutions to end its 52-year war on drugs.

UNDOING THE DAMAGE FROM THE WAR ON DRUGS

Reversing the damage of the war on drugs requires major changes on federal, state, and local levels. Instead of punishing people who are addicted to drugs, we should be ensuring that they get the help that they desperately need. The Affordable Care Act and the Mental Health Parity and Addictions Equity Act of 2010 were major steps in the right direction. The former increased the number of insured Americans, and the latter prevented insurance companies from blocking access to mental health. Individuals with substance use issues who previously had no insurance can now access life altering drug treatment programs and receive benefits (Jones et al. 2018) formerly not accessible to millions of citizens. When circumstances allow, witnesses can call 911 for help, apply first aid themselves and administer the lifesaving drug

Naloxone (Narcan) before it's too late. The Opioid Overdose Education and Naloxone Distribution program seeks to distribute Naloxone more widely to opioid users and to educate the public about this non-addictive drug's potential to save lives. The program distributes Naloxone to veterans at-risk (Dunn et al. 2017) and has had favorable outcomes thus far. In addition to this initiative, the federal government has also taken positive steps to reduce the number of overdose deaths in America.

STUDIES ON DRUG OVERDOSE RISK

The ways in which drug addiction and overdose have been studied are numerous. When it comes to analyzing the yearly death toll, drug overdose numbers are a reliable metric of the epidemic because all deaths are required to be reported in all U.S. states and territories using standardized International Classification of Disease (Jalal et al. 2018). From this point, drug overdose deaths are categorized as either unintentional, suicide, undetermined intent, or homicide. This is a vital piece to consider when studying overdose mortality as it shows how most of the overdose are unintentional. A study by Dunn et al. (2017) administered a demographic survey for individuals who had overdosed, but not died from it, and used the Diagnostic and Statistical Manual (DSM)-5 checklist to review and categorize responses related to symptoms of opioid use disorder. One question asked opioid users if they used opioids exclusively or if they mixed them with other drugs--an important piece of information to understand about individuals who have survived overdoses. Mixing synthetic drugs like opioids with other dangerous drugs was found to greatly increase the likelihood that the user will experience an overdose.

Drug overdoses which result in death are reliably tracked on a yearly basis, so we have a good sense of the scope of the problem. Future research would not only focus on the overwhelming negative side of the epidemic but look to individuals who have gotten sober and live healthy lives despite having had an overdose and substance use issues. This kind of information would be very beneficial for people who are newly sober to understand what elements have and have not worked for actual opioid users who have been in similar circumstances. Like

the study previously mentioned, one could administer a survey about past use of synthetic opioids and ask specific questions about what has helped them get and remain sober. In terms of what hasn't been studied about this epidemic, "there are few empirical data regarding the experience and understanding of opioid overdose risks among CP (chronic pain) patients, and this information is necessary to develop overdose prevention resources for this population" (Dunn et al. 2017).

CONCLUSION

Almost 53 years ago, the United States waged a War on Drugs. They used aggressive and forceful tactics often against communities of color to combat this "domestic enemy." At the time of President Nixon's declaration, no one would have guessed that the most dangerous threat we would eventually face in this war would come from legal, physician prescribed drugs. Yet, through manipulation and lies from Purdue Pharma, which is exactly what transpired. It is now time for the United States to rethink and come up with a brand-new strategy if it hopes to provide a safe and healthy environment for its citizens. The War on Drugs is a war that the United States has lost miserably, but it is not too late to help those in need now and for future generations.

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Brian Benjamin Parsons (He/Him) will get his CSULA Bachelor of Arts degree in sociology in May of 2024 and will be graduating cum laude. He has recently been accepted into Antioch University's Master of Arts in Clinical Psychology Program with an emphasis in addiction and recovery studies. Brian hopes to earn his master's degree and begin a career helping people overcome their issues with addiction and help them toward recovery. This paper examines the failed war on drugs and highlights some of the reasons why the United States finds itself in the 'fourth wave' of an opioid overdose crisis. This is Brian's first published paper, and he is extremely grateful to CSF for this publishing opportunity.