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Tip Sheet: The Opioid Epidemic

What Are Opioids?

Opioids are a group of chemicals that include natural opiates derived from the poppy -- morphine and codeine -- and synthetic opioids made in labs – oxycodone (brand Oxycontin), hydrocodone (brand Norco and Vicodin), hydromorphone (Dilaudid), methadone, and fentanyl. Fentanyl is used in medicine and surgery; it is also manufactured by drug dealers.

Two opioids (methadone and buprenorphine) are also used in addiction treatment, because they are long-acting (one dose lasts all day) and they decrease cravings and prevent withdrawal symptoms. These medications cut overdose rates in half and increase the chance of staying in treatment long-term.

What's the Problem?

Throughout the past 200 years, opioids have been understood as effective pain relievers on one hand and addiction pills on the other. The dominant view of the medical community has alternated between these two poles over time. In the 1990s, pharmaceutical companies used aggressive marketing techniques to convince doctors that opioids were safe and not addictive when used for pain. Doctors were pushed to treat America's "epidemic of untreated pain" by medical boards and government agencies, and opioids were marketed as the most effective remedy. The pharmaceutical industry supported and publicized the idea that high doses were safe, using misleading and incomplete statistics from studies. In fact, the "study" most commonly used to suggest that opioids don't cause addiction when used for pain was not a study at all, but a one-paragraph letter to the editor of the *New England Journal of Medicine*. "Addiction Rare in Patients Treated with Narcotics," referring to use of IV morphine in hospitalized patients.

By 2010, enough opioids were prescribed in America to medicate every man, woman and child around the clock for a full month every year. A predictable consequence of more opioid use is more opioid addiction. In addition, new heroin and fentanyl sales networks focused on rural America, a big shift from historical drug dealer practices. (See Sam Quinones, *Dreamland: The True Tale of America's Opiate Epidemic*.) Social and cultural stressors hitting rural America also contributed: loss of manufacturing jobs, fewer community connections, and increasing poverty. For the first time in US history, starting in 2017, more people died from opioid overdose than car accidents.

Despite the attention on opioids, it's important to note that more people still die of alcohol and tobacco addiction every year; however, drinking and smoking rarely kill people so young and so

suddenly. As opioid overdose deaths increased in the last decade, it became clear that opioids were killing people in their youth, in the early stages of experimentation and addiction, and in middle-age, including people without addiction using opioids for pain. For the first time in the US, life expectancy is decreasing, largely due to increasing opioid overdoses and suicide deaths. While many drugs can cause overdoses, roughly 6 in 10 overdose deaths in the US are from opioids.

Fentanyl, 100 times more potent than morphine, is greatly contributing to high death rates. Since small quantities are potent, it is easy to manufacture and ship. Large supplies from China arrive in the US in small US mail packages, almost impossible to stop through law enforcement. Fentanyl and similar drugs have contaminated heroin and stimulant supplies, so someone using methamphetamine may overdose on fentanyl without knowing they used an opioid.

Who's at Risk?

As with all addictions, men are at highest risk for opioid misuse, addiction, and overdose death, but women are increasingly affected [*see Women and Opioids Tip sheet*]. Among racial and ethnic groups, whites are at greatest risk, but Native Americans are also overrepresented, with three times the prescription opioid death rate, and four times the heroin death rate in California ([California Opioid Dashboard](#)). Fatal overdoses increased 56% between 2015 and 2016 among non-Hispanic blacks—the biggest increase in any racial or ethnic group. While fentanyl overdose deaths doubled nationwide between 2015 and 2016, deaths tripled among Latinos and Asian and Pacific Islanders. Although blacks and Latinos use drugs at lower rates than whites, they are much more likely to be arrested and imprisoned for drugs, instead of referred into treatment. For example, the imprisonment rate for drug charges is almost six times as high for blacks as for whites. While blacks represent 12.5% of illicit drug users, they represent 33% of those incarcerated in state facilities for drug offenses.

People using opioids for pain can be harmed even if they are not addicted. If someone accidentally takes an extra dose of a super-potent Oxycontin pill at night – especially with alcohol – this could be a fatal mistake. (An Oxycontin smaller than an aspirin can be as powerful as 24 Norcos).

Can It Be Prevented?

The US medical community has dramatically cut back on prescribing, and opioid prescriptions have dropped every year since 2013, yet the number of people who die of overdose has doubled in the last six years. How can this be? While cutting back on prescribing helps prevent new cases, it does nothing to treat the people already addicted. Also, people with pain who have used opioids for years come to real harm when they are cut off – these “opioid refugees” have trouble finding doctors, turn to street drugs, and are at high risk of suicide and overdose death.

Can It Be Treated?

In short, yes. Opioid addiction is best treated with medications long-term.

There are three FDA-approved medications to treat opioid use disorder: methadone, buprenorphine (Suboxone), and naltrexone; all of which dramatically reduce the craving for opioids. Methadone and buprenorphine cut death rates in half, and ideally are combined with

counseling, job training and other services to help people recover. Unfortunately, stigma prevents many parts of the country from embracing these effective medications (see Vox: [There's a highly successful treatment for opioid addiction. But stigma is holding it back.](#))

Harm reduction means making sure people can get help and services even if they aren't quite ready to quit, since many people quit many times before they are ready to be done with drugs completely (just like quitting smoking). Naloxone (Narcan) can be given by lay people to save people from an overdose. Syringe services (needle exchanges) prevent people from getting HIV and Hep C while they are using drugs.

What are the impacts of COVID-19 on treatment and recovery?

An opioid addiction can increase risk for contracting COVID-19, and COVID-19 can increase risk of relapse. As opioids negatively impact multiple systems within the body such as the pulmonary and cardiovascular systems, they can make person more vulnerable to COVID-19. Experts say that while isolating is helpful to stopping the spread of COVID-19, it can also trigger relapses and overdose. Pandemic-induced stress and lack of access to treatment could also contribute to the rise, further widening racial, ethnic and socioeconomic disparities. Since the pandemic has begun, 40 states have reported increases in opioid-related mortality. Overall, drug overdoses have increased by 18%. Additionally, overdose clusters have shifted from urban locations to suburban and rural areas. Policy changes in response to COVID-19 which include emergency expansion of Medicaid to decrease cost, easing restrictions on dispensing of methadone so take-home doses are more available, and expanding the role of telemedicine have been helpful steps forward.

What is Being Done to Stop the Opioid Epidemic?

The opioid epidemic has pulled together leaders from government, health care, addiction treatment, public advocates, and others to solve the problem. The epidemic is complex, with multiple origins: social isolation, aggressive pharmaceutical advertising, medical guidelines and regulations pushing over-prescribing, well-meaning physicians trying to treat pain, and increasing imports of heroin and fentanyl from China, Mexico and Canada.

Solving the problem takes many simultaneous actions:

1. **Treating addiction effectively:** making sure treatment is easier to get than street drugs, and is available throughout the health care system, from hospitals and emergency departments to residential treatment programs, from jails and prisons to primary care practices. We need to shift perceptions: Addiction is a disease, not a moral failing.
2. **Stopping deaths through harm reduction.** Cities like Dayton Ohio have dropped overdose deaths by getting high volumes of naloxone (Narcan) into drug-using communities. Communities with syringe services programs (needle exchanges) have lower death rates and less HIV and Hep C.
3. **Managing pain safely:** making sure patients on high-dose opioids are not "cut off," but safe treatment.
4. **Preventing new starts:** getting doctors to prescribe for fewer conditions, at lower doses, for shorter durations.

Case Example

Roxanne Shuttleworth was in shock.

Her 31-year-old daughter had called her on the phone to explain that she and a friend had overdosed on a drug that, unknown to them, was cut with fentanyl, a deadly synthetic opioid that is 100 times stronger than morphine. Her daughter admitted that she took some pills at a party that she thought were Norco, a much milder narcotic.

Her daughter was in a hospital in Winnipeg, Manitoba, where she had been brought in as "an unknown," or a Jane Doe — too ill to communicate with the medical team that was trying to keep her alive. Once she regained consciousness, she called her mother and told her that she had died but that doctors had saved her life, and that they had given her an opioid overdose antidote known as naloxone.

Luckily, today there are ready-to-use naloxone nasal sprays that are FDA-approved and intended for community use. They are meant to be used by both first responders and people who have no medical training. It's a lifesaving medication. Currently most states throughout the country have issued standing orders for naloxone, which permits pharmacies to dispense it without a physician's prescription. This means that in some states you can walk into your local pharmacy and request naloxone nasal spray without a prescription.

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