The Impact of the Opioid Epidemic: Historical, Healthcare and Societal Perspectives

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The opioid epidemic is currently one of the biggest crises that the United States is experiencing. Although the invention of opioid medications was a revolution in pain medication, its widespread use has led to widespread overuse and misuse throughout the country. Today, there have been many different implications in healthcare regarding the prescribing, dosing, and misusing of opioid medications both within the hospital network and in the communities they serve. Finally, the opioid epidemic has had many societal impacts including a stigma about opioids and opioid users, as well as the roles of family and the media. In this paper, historical, healthcare and societal perspectives will be explored to show how the opioid epidemic has evolved and the impact it has had on healthcare and society as a whole.

Before opioid medications came to be what they are today, there were not many options for pain relief when it came to managing severe and chronic pain. Morphine and heroin were used for hundreds of years, but never formally prescribed. It was not until the early 1900s that the "wonder drugs"[1] of morphine and heroin really came to be produced as strong pain relievers that could be prescribed by providers. Even then, though, it was quickly determined that these strong drugs could be easily misused and were by many at the time. By the time more opioids such as Percocet and Vicodin came on the market in the late 1900s, healthcare providers had already been taught to avoid prescribing this kind of highly addictive medication[1].With all of these new pain medications on the market, research was showing them to be highly affective for patients with cancer and other chronic illnesses. The problem was, physicians were too afraid of patients developing an addiction to prescribe them.

It was not until 1986 that the World Health Organization officially recognized pain treatment "as a universal right"[2]. After that, the campaign for pain as a fifth vital sign took off and there was a new push for healthcare professionals to adopt this new policy. By the 1990s,

doctors started considering pain as a fifth vital sign and it became an essential part of patient care[1]. Pain treatment became an essential part of patient care and healthcare providers understood that adequate pain assessment and management were entitled to every patient. The Joint Commission even took this a step further in 2001 by mandating that hospitals include pain assessment and treatment to receive federal funding[2]. This was a new era in patient care in the United States: gone were the days of just treating the patient's illness. Now, patients were getting treatment for that underlying problem and for associated problems such as the pain that went along with them. For areas such as end of life care and cancer treatment, this new mandate allowed for a new level of care in which the patients were kept comfortable and reasonably pain free[2].

This new age of pain management has had a lot of benefits in the form of "increases in pain research, education, and an important focus on pain relief"[2]. The problem is that, with this focus on pain relief, there has been much less regulation on opioids and an overreliance on them as pain killers, even for conditions in which they were unnecessary. Over the last 18 years, that has allowed opioid medications to become increasingly easy to access, to be abused, and has led to many unnecessary deaths via opioid overdose. According to the article "The Epidemic as Stigma: The Bioethics of Opioids" [3], 6.2 per 1000 people in the United States died from opioid overdose in the year 2000. By 2015, the death rate by opioid overdose increased to 16.3 per 1000 people[3]. There was too much focus being put on destigmatizing opioids, that they failed to understand that they were still highly addictive, even if they are great pain relievers[1]. Now, at present day, the roles have reversed once again, and the United States is back to limiting the number of opioids available on the market and keeping track of who needs them and who really does not. Just as there was in the late 1990s, there are now many healthcare and social

implications which the opioid epidemic has brought with it, many of which will be discussed throughout this paper.

Being that the opioid medications being discussed in this paper are prescription opioids, a lot of the blame and responsibility lie on healthcare professionals. This does not only include healthcare providers themselves, but also nurses and pharmacists being that they are all involved in the process of getting the medications from the shelf to the hands of the patients. There have been and continue to be many different policy changes associated with the prescribing of opioid medications and the selectivity that needs to be associated with it. Being that they have direct access to these medications, healthcare professionals are also at high risk of becoming abusing opioid medications themselves. Collectively, the opioid epidemic has many implications for the healthcare community, both internally among staff and externally among patients.

One section of healthcare who is directly involved in getting prescription opioids from shelf to patient is the pharmacy. Pharmacists are the last line between the patient and opioid medications, so there is a level of responsibility which they must make sure that dosages and medications are appropriate. Because of this, the pharmacist plays an important role in "opioid therapy and developing guidelines, policies, and patient education to promote safe practices"[4]. This means that they need to take their responsibility of ensuring appropriate prescriptions very seriously. On some occasions, doctors will prescribe many more pills than is necessary for treatment of their pain, so it is the job of the pharmacist to question this order and speak to the doctor before dispensing the medication to the patient. This can be difficult because, on many occasions, doctors prescribed large amounts of medications without justifying their reason for prescribing, so pharmacists would have to decide whether or not to fill the prescription[4].

Being that so many opioid medications are prescribed in the United States every year, it is important to keep track of just how many are being dispensed. Systems like prescription drug monitoring programs (PDMPs) are "electronic databases created and overseen at the state level to collect data on opioids and other controlled substances"[4]. They are active in forty-seven out of fifty U.S. states, and two are pending legislation to add these programs. These programs allow healthcare professionals, as well as law enforcement officials, to know who is at risk for opioid addiction and also allows practitioners to understand who uses opioids for chronic ailments. These PDMPs are also helpful because healthcare professionals will be able to recognize the first signs of opioid addiction and link it to the opioids they have been prescribed previously. This would allow them to reconcile the medications before the patient progresses further and becomes completely reliant on the medication[5]. Systems like these would also prevent patients from having access to multiple opioids at the same time, since they would have to give the old prescription back to the healthcare team before being able to receive another medication[5].

Healthcare practitioners also play a large role in the opioid epidemic because they are the ones who do the assessment and write the prescription, determining a patient's need for medication and how much they are to receive. This causes them to have a lot of responsibility when it comes to deciding who should and should not be given prescription opioids. This responsibility has led to a lot of blame surrounding the opioid crisis being that, as Rothstein states in his article "Ethical Responsibilities of Physicians in the Opioid Crisis", opioids are legally prescribed[6]. This is very different than other drug problems that the U.S. has experienced, including cocaine and heroin, because street drugs like those are illegal. That means that getting prescription opioids off the streets and out of bathroom vanities cannot be done by the police, they instead need to not even be prescribed to begin with. The difficulty with this is that

physicians have a responsibility to take care of and treat their patients[6]. Being that pain is so subjective, it is very difficult for physicians to determine who actually needs the opioids for pain management and relief versus who would be fine with an over-the-counter pain medication.

Being that it is so difficult to determine who should and should not be prescribed opioids, the best thing that providers can do is ensure that the patients know the side effects and possibility of addiction that comes with long-term opioid use. According to Fincham, "the growing use of opioid medications for chronic pain has led to a dramatic increase in the reporting of opioid-induced constipation"[7]. This is a big issue because opioid-induced constipation is often underestimated by the healthcare providers when they prescribe opioid medications. It is also much more costly to have to treat opioid-induced constipation, causing the patient an unnecessary physical and financial burden[7]. This is a common occurrence with opioids, along with the risk of addiction, and is something that patients should be aware of before they start to take opioids for pain. Doctors should make it very clear to patients that side effects and addiction can occur with opioids and should give patients the option of other non-opioid medications for effective pain relief.

Besides increasing the responsibilities of healthcare professionals when it comes to prescribing opioid medications to patients, the opioid epidemic has also had repercussions internally in the form of opioid addiction among healthcare professionals. Being that there is such easy access to opioid medications for healthcare professionals, it has become a common problem that nurses, doctors, pharmacists, etc. can easily become addicted to opioids. Within the United States, 10% of all nurses have a drug or alcohol addiction which is staggering because that accounts for over 200,000 nurses working today[8]. Many times, though the healthcare professionals understand they have a problem, but the "fail to ask for help" [8] until confronted by

it. This is because there is a stigma that surrounds opioid addiction and because there is a fear of being fired. This is also the reason that coworkers rarely report nurses they suspect are addicted[8]. This allows the problem to get worse, until the healthcare worker's addiction begins to interfere with work and life.

Due to this, many states are promoting programs in which healthcare professionals can discretely get help with their addiction and return to their job once they have recovered. In Connecticut, HAVEN is the program which assists licensed healthcare professionals with recovering from their addiction without having to lose their job. Standing for "Health Assistance interVention Education Network"[9], HAVEN confidentially consults with and supports healthcare professionals facing addiction while providing a safe environment for rehabilitation. In Connecticut, healthcare professionals who admit to an opioid addiction will not automatically be fired by their hospital or practice, but instead allowed to participate in this program[9]. That way, healthcare professionals are able to not only recover from their addiction and get healthy, but also be able to return to their job once they complete their treatment.

Due to the increasing number of people addicted to prescription opioid, patients and healthcare providers included, there are many safeguards throughout hospitals which help to prevent unnecessary and unwarranted medication dispensing. For one, a doctor's order is required in order for people to receive opioid medications and there are a series of requirements that need to be met before an opioid medication can be given. Hospital computer systems are programmed to ask questions about patient pain level and the indications for giving an opioid medication, as well as ask the person administering multiple times if they truly intend to give an opioid medication to the patient[5]. The dispensary for the medication is also safeguarded in order to prevent healthcare professionals from taking out unnecessary opioids. It is required that two

people (for example two nurses) be present and agree that the amount being dispensed is what is ordered for the patient[8]. In addition to this, there are also medication wasting and medication reconciliation protocols which nurses and doctors must follow. As with taking opioid medications out, nurses need to be observed when disposing of extra medication that was unused. This not only protects the nurse from being accused of wrongdoing, but also prevents a nurse from pocketing the medication without anyone noticing. Finally, as discussed earlier, a big part of getting unnecessary opioid medications out of homes and off the streets is through medication reconciliation. Upon admission, each patient is required to sit down with a member of the healthcare team and go through their current medications, collecting any that are unnecessary[5].

Healthcare is not the only area which has been largely affected by the opioid epidemic. The societal impact of this epidemic is huge: affecting the way people see addicts, how people see opioid medications, and how the media has been involved. Over the years, a stigma has developed around the opioid epidemic and the people who are affected by it. With this stigma comes the idea that people suffering from opioid addiction are either "bad, ill, or both"[3], all of which are harmful ways of thinking about this issue. In terms of "bad", it is thought that addiction is a moral and behavioral issue. In other words, they are thought to lack self-control and give into bad behavior like taking drugs even when presented with negative implications[3]. On the other hand, there is the stigma that people with opioid addiction are "ill", having some kind of brain disease. This is not meant to be punitive toward the person addicted and was thought to be helpful in getting people access to care and treatment. The problem, though, is that it has not succeeded in doing this[3]. Instead, it has become another stigmatization in which the person is thought to be ill rather than having a problem that can be fixed.

These two types of stigma, as well as the combination of the two has greatly affected the way that people experiencing opioid addiction are treated by others. Being that addiction is either being blamed on the person's behavior or their development of an illness, it alienates the person who is struggling with addiction[3].This kind of alienation causes people to believe that there is no one that can or will help them, so they are less likely to reach out and ask for help. This stigma surrounding opioid users has also affected overall pain management as people who use opioids for chronic pain control are being judged as abusers themselves and other patients are too scared to take opioids for even short term relief[3].

This problem with the way that people see opioid medications themselves has become a main issue which is difficult to fix. There is a correlation that has been made between opioid medications and addiction that is not entirely true. As stated in "Opioid Crisis: No Easy Fix to Its Social and Economic Determinants"[10], just a single part of the opioid epidemic is the overreliance on opioid medications. There are many different aspects to the opioid epidemic, including addictive street drugs like heroin and fentanyl and the individuals' abuses of their prescribed drugs[10]. This shows that people need to understand that being prescribed an opioid medication for pain following something like an extensive procedure will not necessarily lead to their becoming addicted because it would be used short term and a limited number of pills would be made available to them. It also means that not all people who take opioid medications are abusing them. People with chronic illnesses like cancer and arthritis rely on opioids for relief of their symptoms[10]. It is becoming more difficult for people with chronic illnesses to receive necessary medications because of this inherent fear that everyone gets addicted, which is part of the stigma that needs to be erased.

A big component of the societal impact that the opioid epidemic has had comes from the media coverage of this crisis. There is a lot of media and news coverage of the opioid crisis, but their wording and what they choose to broadcast portray a picture of the opioid epidemic that is much scarier and not entirely true. Arthur Lipman discusses how the media has broadcasted "exaggerated and unbalanced pieces on the purported 'opioid misuse epidemic'" [11]. The media has presented the opioid epidemic as people abusing drugs, not as people becoming addicted due to physiologic processes. This type of phrasing blames the person who is addicted to the medications for abusing them and becoming addicted even though the process is much more complicated. Another issue is that the media is not presenting it in person-first language such as people with an opioid addiction, but rather calling them addicts[3]. This almost dehumanizes this population and causes them to be further outcasted from society.

The crisis itself has not only been magnified by the media but has given a misrepresentation of opioid addiction overall. According to Julia Netherland and Helena Hansen, the media has had a very biased perspective when it comes to prescription opioid abuse versus street opioid abuse[12]. Street opioids such as heroin have always been associated with illegal activity being that the drugs are illegal. The problem is that the media has taken this even further and stated that the people abusing these drugs, who are mostly minorities, are criminals. Meanwhile, the media is portraying people with prescription opioid addictions, which are typically middle-aged white people, as victims of opioid addiction[12]. This also insinuates that their doctors gave them this medication and they just became addicted, increasing people's fears that they too will become addicted to opioids just from one pill alone.

With all of the stigma surrounding the opioid epidemic and the exaggerations by the media about people who abuse opioid medications, a big part of this crisis is lost: the families

and the children. Of all the people affected by the opioid epidemic, many of them are not abusers themselves. They are children, spouses, parents, siblings, and friends of those struggling with addiction. More specifically, children are arguably the most vulnerable in this situation because they cannot choose who their parents are or the circumstances they deal with. Unfortunately, some children are directly affected by the opioid epidemic before they are even born. During pregnancy, expecting mothers are often offered opioid medications for pain relief[13]. According to the article "Prescription opioid epidemic and infant outcomes", approximately 28% of pregnant women in their study filled prescriptions for opioid pain medications, automatically increasing their child's risk of developing NAS[13].

NAS, or neonatal abstinence syndrome, is due to the "abrupt discontinuation of chronic fetal exposure to substances"[14] which were used by the mother during pregnancy. This syndrome is not usually fatal, but it does cause illness in the infant and require a longer hospital stay. Basically, whatever the mother was putting into her body during pregnancy was also being given to the fetus, so, after birth, the infant goes through withdrawal the same way that a person who stops taking drugs does. According to the article "Neonatal Abstinence Syndrome", a recent study showed that 6% of pregnant women used opioids for more than a month of their pregnancy, and other studies have shown even higher numbers[14]. Note that this is only the statistical findings for prescription opioids and did not even include street opioids such as heroin. After the initial treatment of NAS, infants require particular follow up care including neurodevelopmental and psycho-behavioral assessments as well as growth and family support assessments to determine if any issues arise due to the presence of opioids during development. The article also stresses the importance of "an optimal home environment" to help these children recover and grow up healthy[14].

The care of the family is definitely an important part of dealing with the opioid epidemic since their lives are greatly affected. This is an area in which healthcare and society can certainly be brought together because it is a collective effort which is needed to assist not only the person dealing with addiction, but their families as well. According to Mirick and Steenrod, parents suffering from opioid addiction "are less likely to be emotionally available or responsive to their children's needs"[15]. That is why healthcare providers need to be aware of the family dynamic when determining the plan of care for a patient with opioid addiction who is also a parent. If the parent-child relationship is already broken or was not formed from the beginning, sending the patient home with their family is not necessarily the best decision. Mirick and Steenrod stress the importance of a child risk assessment to determine if social work or child protective services need to be brought in[15]. It could also mean having the parent go to an inpatient rehabilitation facility until they are clean, so they can take care of themselves during withdrawal instead of needing to be responsible for their family. This is definitely an area in which healthcare team members and community services such as support groups and social work can come together to assist during the crisis.

The opioid epidemic is a difficult problem to control because of the need for pain medications, the number of opioid drugs currently on the streets and in homes, and because the problem is being handled, but the people affected are not being treated correctly. In order to tackle this opioid epidemic, there needs to not only be reform within the healthcare setting, but in society as a whole. Buchman suggests that this can be done by first decriminalizing opioid use[3]. This would allow people addicted to both street and prescription opioids to receive the help they need to get clean rather than continuing to use drugs while in prison[3]. Another way to go about this would be to bridge the gap between the public and the people stigmatized by the epidemic

by using peer workers in the healthcare setting. Then, people would feel like they are not going through the process of recovery alone and the community would see that they are people too[3]. Finally, the care of the family is an important aspect of the opioid epidemic which would bring healthcare professionals and members of society together to help families deal with this issue. All of these solutions are important for the handling of the opioid epidemic in a way that does not just blame and punish those addicted to opioid medications.

The opioid epidemic is a major crisis in the United States today, but it is not the first time that this has occurred throughout history. We seem to be in a never-ending cycle of opioid overuse, abuse, underuse, and then overuse all over again. Today, the opioid epidemic has impacted both healthcare and society as a whole in many ways as people try to navigate what to do with this problem.

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