

The Pain of Pleasure— Scope of the Problem of the Opioid Use Epidemic

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INTRODUCTION

In October 2017, the Department of Health and Human Services declared a national state of emergency because of escalating opioid-related overdoses and deaths.¹ Current statistics indicate an average of 115 people die daily secondary to opioid-related overdoses. These overdoses include prescription opioids, heroin, and a surge of imported potent synthetic fentanyl derivatives that frequently involve combinations with other prescribed and misused substances.^{2,3} The origin of the epidemic has been associated with populations such as those scattered along the Appalachian Mountain corridor in the eastern United States and the Ozark Mountains of the Midwest. Regardless, there are no states or individuals that have not been negatively impacted from this crisis.⁴⁻⁷

The causes of the opioid epidemic are multifactorial and complex. Aggressive marketing of opioids by the pharmaceutical industry promoting unfounded safety and efficacy of opioids was an instigating reason.⁸ An aging population resulting in the diagnosis of more chronic pain-related illnesses, lack of evidence-based pain management guidelines, and healthcare administrators pressuring hospitals and prescribers to improve patient survey results through financial threats or incentives fueled excessive opioid prescribing.^{9,10} The huge financial incentives for the pharmaceutical industry, healthcare administrators, prescribers, pharmacists, and subsequent diversion of these substances resulted in the release of millions of opioid tablets to an unsuspecting population. This led to an exponential growth of opioid use disorders (OUDs).^{11,12} Ethical dilemmas have resulted from the need to treat pain while preventing escalation of opioid misuse, OUD, and diversion. The collateral damage of opioid misuse and OUD is vast and equally destructive. The surge of neonatal abstinence syndrome (NAS), pediatric poisonings, hepatitis, human immunodeficiency virus (HIV), divorces and family-related problems, and increasing healthcare costs are only a few of the negative consequences.¹³ The stigma associated with opioid misuse and OUD remains high.¹⁴ All substance use disorders (SUDs) involve complex psychosocial components that frequently present as negative behaviors. Recently, signifi-

cant efforts have been made to decrease the stigma associated with SUDs. This is seen, in part, by efforts to replace the traditional terminologies associated with addiction with newer, less stigmatizing terms such as SUD (see Chapter 2).¹⁵

All pharmacists should have a fundamental and sound understanding regarding the management of pain, the neurobiology and sociology of OUD, and the deterrence and detection of prescription medication diversion. Pharmacists have key roles in multiple arenas that can impact patients, help minimize the continued rise of opioid misuse, OUD and diversion, and reduce the associated stigmas.

The roles of pharmacists helping to stave off further consequences of the opioid epidemic are numerous including:

- Screening for substance misuse and SUDs
- Educating prescribers, patients and their families
- Conducting research
- Participating in the development of guidelines and policies

All pharmacists should be fully engaged in promoting safe and effective use of opioids through a variety of mechanisms to help resolve the current opioid crisis.

EPIDEMIOLOGY

Incidence

Between 1999 and 2016, more than half a million drug-related deaths were reported in the United States with 66% of these being opioid related,^{16,17} which represents a five-fold increase of deaths.^{16,17} Opioid overdose growth rates continue to increase despite aggressive efforts to reduce opioid prescribing, increased education to all healthcare providers and laypersons, and efforts from law enforcement to limit illicit opioid supplies.^{13,14,18} By the end of 2017, provisional data from the Centers for Disease Control and Prevention (CDC) reported nearly 72,000 Americans died from a drug overdose in 2017, about 7 percent more than in the previous year.¹⁹ However, 14 states have begun to show a downward trend in opioid-related overdoses and deaths.¹⁷

Geographic

The progression of the opioid epidemic is most easily seen by tracking opioid-related overdoses and deaths from 1999–2017. Many studies commonly refer to opioid overdoses and deaths as “poisonings.” The onset of the opioid crisis has been associated with several rural communities in Central Appalachia, the Ozark Mountains, and Utah. These areas were generally characterized by mining, agriculture and timbering industries that were already uniquely vulnerable because of a high rate of work-related injuries and unemployment.^{1,20-22} By 2006, West Virginia, Utah, New Mexico, Oklahoma, and Nevada had the five highest rates of opioid-related poison-