

The opioid crisis—how did we get here?

July 7 2016, by Lynne Anderson



Pills. Credit: Public Domain

Lawmakers meet [today](#) to try to finalize legislation to solve the nation's opioid crisis. It's an issue that The Conversation has been covering for many months.

How can it be that nearly half a million people in the U.S. are addicted to heroin and another two million have [substance use disorders](#) related to [prescription drug abuse](#)? In 2014, [opioid overdose](#) killed more than [28,000 people](#).

Here are three articles from our archives that explain how we arrived at this crisis point.

1. Theodore Cicero and Matthew Ellis of Washington University in St. Louis write that the roots of the epidemic can be traced back to changes in [pain management](#). When pain began to be treated as the "fifth vital sign," prescriptions to treat it soared.
2. Richard Gunderman of the University of Indiana argues we should not let pharmaceutical companies, particularly Purdue Pharma, off the hook. The company aggressively marketed OxyContin, Gunderman says, knowing that it could be easily abused. Prescriptions for the powerful – and highly addictive – drug for non-cancer pain soared from 670,000 in 1997 to 6.2 million by 2002.
3. Jeannie DiClementi, of Indiana University-Purdue University Fort Wayne explains how the abuse of prescription pain drugs spread to abuse of heroin. It wasn't a big leap, as the chemical structures are similar.

Almost everyone agrees we need to stop this scourge, yet there is disagreement over how to do that. Even today, lawmakers are expected to argue rather than agree. Democrats said they would oppose the bill if

it did not include more money for treatment.

The Obama administration moved forward Tuesday on its own. It announced a [new rule](#) that would allow certain doctors to almost triple the number of patients they can treat with buprenorphine. That drug treats addiction, but addicts can abuse it, too. Prescribing rights are therefore limited. To prescribe it, doctors must have a special waiver. And, until now, they could treat only 100 patients.

The new rule increases the prescribing limit to 275. But according to Jeffrey Horn, a policy research fellow at the Robert Wood Johnson Foundation Clinical Scholars Program at the University of Pennsylvania, and Krisda H. Chalyachati, also a Robert Wood Johnson Foundation fellow at the University of Pennsylvania, those rights should be extended even further. In a recent article they argue that nurses and physician assistants also should be allowed to prescribe buprenorphine, given the scope of the opioid addiction epidemic.

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