

Opioid Addiction Crisis In United States And Canada

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Abstract

An opioid is the worst form of drug addiction that is common not only in the United States but also in other countries. In some states where there aren't many restrictions on painkiller use, they are given out to drug abusers just like anything. It is seen that the opioid addiction crisis is highest in America, while Canada ranks second. In both these countries, deaths caused by opioid addiction are large enough that the issue is now handled as a priority. An analysis of the United States and Canada's federal policy is carried out to study the severity of the problem and, in response, policies developed at the government level. The paper evaluates the opioid addiction crisis in the United States and Canada and studies the level of addiction and effectiveness of the respective governments in handling the situation.

Introduction

An opioid is considered safe when used correctly for medical purposes, but those who misuse it can become addicted to it. Opioid addiction has become an epidemic throughout the US. Along the interstate highways, it is smuggled very easily in the form of heroin. In some states where there aren't many restrictions on painkiller use, they are given out to drug abusers just like anything. In the towns of New England, it has spread vastly, and in the Coal region, it has become common that now and then addicts go to the only doctor there in town to get their prescription (Bosman, 2017).

The current opioid addiction crisis in the US has been called "the worst" in American history by public health officials as it killed more than 33,000 people only in 2015 (Bosman, 2017). Deaths that occurred due to overdose are almost equal to the deaths caused by car accidents. It was for the first time in 2015 when deaths from heroin abuse exceeded gun homicides.

A team of reporters from the New York Times examined this epidemic wide across the country, and they found that there is no possibility that this epidemic will get better in the near future. Communities from safe injection areas to New England are searching for possible solutions to this problem, but some think it has become inevitable (Bosman, 2017).

Opioid abuse in America has become one of the major public health issues after the US Food and Drug Administration approved the use of a potent opioid known as oxytocin for use among infants.

As far as teens are concerned, their use of drugs is becoming dramatically high. It is believed that most of it is the result of self-harming intentions. In youth from 15 to 19 years old, the overdosage has risen approximately by 176%. As a result, the number of teenagers who are hospitalized due to poisoning from the use of opioids has risen from 3.6 per hundred thousand to 10.1 per hundred thousand in 1997.

Opioid Addiction Crisis In The US

According to advocates and politicians, the plan of the United States government to encounter the opioid crisis is running contrary to the Trump Administration's health and justice policies. On Wednesday it was announced by the administration that a commission would be launched to carry out a study on the crisis. Center for Disease Control and Prevention says that each day, 91 Americans die due to overdosage of opioids. Opioid overdose has become a crippling matter all over the US (Donald Trump, 2017). The severity that we have witnessed has never been observed before I think (Holpuch, 2017).

The office of the Surgeon General published a nonbiased report to highlight the problems and propose some recommendations and solutions to this problem. There is too much enthusiasm shown to a report released by the commission that says that it is not yet known what has to be done to encounter this problem, it was said by Daniel Raymond at the Harm Reduction Coalition, who is the policy director. Raymond also said that the current health and justice policies of the White House are in clear contradiction to the existing recommendations of the policy. Advocates are of the opinion that progress is restricted as the White House is trying to annul Obamacare, the Affordable Care Act.

Funding has been cut to the key agencies fighting against the opioid crisis by the budget that was proposed by the White House for the year 2016 – 2017. Among these agencies are the Substance Abuse and Mental Health Services Administration, which gives out grants to communities that help in fighting against the crisis; the National Institute of Health, which is responsible for finding a possible solution to this problem; and the Centers for Disease Control and Prevention, which keeps data record on the opioid use and abuse (Holpuch, 2017).

What Is The Depth Of The Problem?

Deaths caused by drug overdose exceeded 59 thousand in 2016. Preliminary data gathered by the New York Times says that it was the highest annual peak ever recorded in the US. Such a high rate of deaths is caused by the current drug abuse crisis, which is then backed by the use of fentanyl and other similar drugs and chemicals. In America, under 50, the leading cause of death is drug abuse (Katz, 2017).

In Summit County, there had been 312 deaths caused by drugs in 2016. The chief investigator of the county medical examiner, Gary Guenther, said that two years ago, only 99 cases came to the medical examiner's office, and now it has increased to 3 times more. He added that there were so many deaths last year that the county had to request refrigerated trailers to store the bodies of the dead ones because they had run out of space in the morgues. In some counties of Ohio, the deaths, to everyone's surprise, are not caused by heroin but by fentanyl and its other alternatives. The same is the case in Montgomery, where after tests, it was revealed that 99 % of the deaths are caused by fentanyl and other drugs, while up to only 1 % are caused by heroin (Katz, 2017).

Despite such alarming growth, the overdose, however, didn't reach all parts of the US. In the western regions of the US, according to the data, the death rate has declined or retained, but none has shown an increase. A family and community professor and a well-known expert in heroin use, Dr. Dan Ciccarone, suggested that the differences in death rates over the different regions of the US might be the consequence of the division of the heroin market in the states. To the east of the Mississippi River is found the powdered heroin, while to the west, the Mexican black tar heroin (Katz, 2017).

How Is Drug Abuse Addressed In The States?

Towards the end of March 2015, the Department of Health and Human Services launched an initiative that was supposed to run on a department level. It was aimed at the reduction of opioid prescriptions, dependence on heroin and other related drugs, and deaths caused by overdose. The measures taken were an expansion of naloxone distribution, improvising the prescription methods, and making treatment through medications accessible. The budget for the fiscal year 2017 had a billion-dollar investment meant to make sure that every citizen who is willing to get rid of opioid addiction will certainly get it. In March last year, the Centers for Disease Control and Prevention proposed new directions for the prescription of opioid-based medicines used for cancer, chronic pain, and other medical problems. The new Centers for Disease Control and Prevention directions are meant to ensure the fastest and most effective cure for their drug-abusing patients (Dowell, Haegerich and Chou, 2016).

The Surgeon General's Office will engage doctors, nurses, physicians and their assistants, and other health officers to overcome this serious issue as soon as possible. Measures are taken to change the thinking of every American about addiction and substance abuse. There has been a constant struggle to improve opioid prescription practices, and for that matter, the health care providers are being helped at every turn. The health care providers will be connected to training and development and education opportunities. The availability of non-opioid treatments for diseases and pain is one of the main goals. Prescribers are encouraged to share success stories as well as challenges in their communities while they practice (Murthy, 2016).

Federal Policy To Address Opioid Crisis

Opioids are the most widely used medications for severe pain and are mostly used in terminal diseases and accidents. They are the most effective analgesics, but with their effects, there are certain side effects of these medications. They are not only used but are also abused by the patients in some cases. The FDA has considered this and formed some rules on the distribution of this medication. The main goals of this policy are to prevent the general population from abusing this drug and to maintain the effectiveness of the drug in emergencies. The aim is to use the drugs only in case of emergencies and serious illness rather than distributing them unchecked. The FDA makes sure that the drugs are only given on prescription so that the abuse is stopped from its very roots (U.S. Food and Drug Administration, 2015).

The FDA is playing an important role in limiting the access of opioids only to the patients who need the drug and not letting people abuse the drug. The quality of the drug is addressed by making the formulation that provides the same pain relief as regular opioids, but the risk of abuse is reduced by the change in formulation. The FDA makes sure only registered practitioners access these medicines, and not everyone can prescribe them. The practitioners or the prescribers of the drugs are educated about the formulation of opioids, and they are informed about the different researchers (U.S. Food and Drug Administration, 2015). They are told about animal studies and the scientific breakthroughs in medicine. They are told about the effects of the drugs as well as the side effects not only to educate them but also let them educate the patients they prescribe such drugs to. Patient education is essential when it comes to drugs like opioids as there is a very close link between the use and abuse by the patients.

The FDA is making sure that the drugs in the market and with the distributors are checked. Any drug company that is involved in the manufacture of such drugs is liable to seek permits from the FDA before distributing such drugs. The manufacturers and sponsors of these medicines are also convinced of using formulas that inhibit the abuse. They are told about the effects and side effects after several research works and tests being carried out on animals, and their safety is assured to the sponsors to manufacture the same medicines with a safe formula.

The doctors are also convinced to use alternate medication, which has similar effects but fewer abuse tendencies. Naloxone is another drug that is used as an analgesic but has less abusive tendencies. These drugs are non-opioid analgesics but are as effective as opioids. Their access is made easy by the FDA and is, therefore, a step towards opioid abuse control. The practitioners are convinced to prescribe these medicines in case of emergencies so that the distribution of opioids is reduced and the risk of their abuse is decreased (U.S. Food and Drug Administration, 2015).

The FDA is playing its part in making sure that society is free from the abuse and harmful effects of opioid abuse. The policy brought very positive change to the society. The outcomes are being evaluated by checking the distribution and the decrease in abuse cases. It has been a fruitful effort by

the FDA as the new statistics show a decrease in opioid abuse in America, and this effort is protecting the environment. There is a constant check on the distribution of this drug because of the policy by the FDA, which makes its availability difficult for a regular citizen. There is positive feedback about the policy from the policymakers. A lot has been done, but there is still a lot to be done in this case to completely eradicate this issue. The lawmakers, the prescribers, patients as well as distributors need to work together for this policy to make a change (U.S. Food and Drug Administration, 2015).

Opioid Addiction Crisis In Canada

Canada is a center of widespread abuse and use of opioids – including those forms given in prescription and other forbidden forms of effective narcotics – with no sign of growth and leading towards overdosing, which can be fatal. This extensive increase in the use of narcotics left Canadians to think about it along with doctors, politicians and public health officers to look for solutions to this widespread use of opioids.

The latest statistics show that almost 2500 people in Canada died because of an overdose of an opioid in 2016 – as per Jane Philpott, Health Minister of Canada, these were avoidable (Kirkup, 2014). On Tuesday, a report released by the Agency of Public Health of Canada said that almost 2,458 casualties occurred due to an overdose of opioids when 8.8 is the national death rate per year from 100,000 people. The agency report found that people living in the West of Canada are noticing the effects of this issue; almost 10.0 is the deaths due to opioid overdose from a total population of 100,000 in Yukon, British Columbia, Alberta and Northwest Territories. “The statistics given in various reports confirm that this issue becomes severe,” Philpott said in one of his recent interviews. “These deaths can be prevented” (Kirkup, 2014).

How Severe Is The Problem?

Canadian citizens are the second number on the list of highest opioid consumers in the world, while the first one is America. However, use in the US is decreasing, but in Canada, it is getting worse, according to reports from the International Narcotic Control Board, which shows how much the country is concerned about the issue. Physicians Family of Canada is trying to deal with this issue at the educational and awareness level, along with other professional groups – which includes the Royal College of Physicians and Surgeons and Canadian Medical Association – “To determine what are educational needs to spread awareness of this issue and how to fill those educational needs,” according to Meuser (Ubelacker, 2017).

Almost seventeen medical schools in Canada are confronting this problem, with few remodeling their studies about how to deal with controlling pain due to stress to inform the future doctors of the country regarding the dangers of opioids, along with telling alternative methods for patient treatment. The government, along with other public health officials, are trying their best to end the unplanned

prescribing. Disease Control Centers in the US released new codes the previous year, which include advice to doctors to test therapies that are non-drug, for example, physiotherapy for dealing with chronic pain and prescribing low-dose opioids for a brief period (Ubelacker, 2017).

How To Deal With The Issue?

The new guidelines given in Canada about prescriptions are not expected until 2017, without enacting the latest guidelines in Canada, while in four provinces of Canada, physician regulatory bodies sanctioned American standards related to opioid prescription (Government of Canada, 2017).

What Is The Government Of Canada Doing About The Opioid Crisis?

New actions are taken by Health Canada in collaboration with the Joint Statement of Action to deal with the Opioid Issue. The government of Canada, along with Health Portfolio's actions to deal with opioid overdose issues include (Government of Canada, 2017):

- Cooperative
- Humane
- Precise
- Documented and based on evidence

All these elements are present in the Canadian Drugs and Substances Strategy. Canadian Drugs and Substances Strategy is considered as focused on health and balanced approach for drug usage which is under the leadership of the Minister of Health includes (Government of Canada, 2017):

- The strong base provided by evidence
- Reduce the harmful effects
- Avoidance
- Cure
- Application and administration

Canadian Government is dedicated to taking action against the critical opioid situation in Canada with the help of public health officials and with the help of.

1. Preventing the usage
2. Treating affected ones
3. Reducing harmful effects
4. Enforcing the laws

Actions are taken in all these sectors with the support of solid evidence and facts.

Preventing Usage

It includes to prevent the overdose of various opioid steps will be taken including (Government of Canada, 2017):

- Creating awareness among Canadians on the harmful effects of opioids.
- Enforce better prescriptive drugs
- Decrease the level of access to harmful opioids.

Action	Progress	Next steps
Makings required changes in rules and regulations (Government of Canada, 2017): • Include stickers on the packages of opioids with risks mentioned on it. • Handouts are distributed among those people to whom physicians prescribe opioids.	November 15-16, 2016: A Scientific Advisory Panel took place to give advice regarding the warning stickers to be placed over packages and handouts to be distributed.	June 2017: the amendments proposed to the Food and Drug Regulations, Canada Gazette will be published in Part I. June 2018: The final amendments will be made public by publishing in Part II of the Canada Gazette.
Initiate educational campaigns to create awareness among the public regarding the use of such substances.	November 2016: a video campaign testimonial style was started by teens, which showed young Canadian stories along with their families' opinions about who got affected by the usage of such drugs and their addiction.	Winter 2017: To release new and unique educational and awareness materials, which include handouts and fact sheets for young people as target audiences; these fact sheets must be focused on overdose usage, prevention, and risks.

Continue the promotion of creative ideas and national practices with the help of the Prescription Monitoring Program Network at the Federal, Provincial and Territorial levels.	Ongoing: The Prescription Monitoring Program Network at the Federal, Provincial and Territorial levels will try to evaluate the utility of initiating the plans in Canada along with developing various standards for indicating the data of these plans. These Networks will try to make this information public and get support from partners for these programs, which include (Government of Canada, 2017): • The Canadian Institute for Health regarding information distribution in Canada for monitoring these prescribed drugs. • the Canada Health Infoway's Prescribe IT project.	
Disseminate information about the practices of prescriptions with the help of licensing and regulatory bodies at the territorial and provincial levels. The department will obtain this information from Canada Health enforcement and compliance activities in various pharmacies (Government of Canada, 2017).	They are taking action with the support of our associates and partners, which includes the Prescription Monitoring Program Network at the Federal, Provincial and Territorial levels, to look out for various opportunities for dealing with the issue.	Winter 2017: lookout for opportunities to help out authorities at territorial and provincial levels to fill gaps in the information provided.

Take the support of professionals in health industry regulatory and licensing bodies for increasing awareness among the public and First Nations and Inuit Health Branch's Non-Insured Health Benefits Program (NIHB): • Continuous initiatives for dealing with the usage of drugs in prescriptions (Budget 2014). • Monitoring initiatives for prescriptions	Ongoing: The NIHB agenda disseminates information along with discussing new programs and ideas about the Plan problems of drug prescription.	
Find out that contraindications made are important for allowed opioids (by Canadian Product Monograph) to assist practitioners in making better decisions for prescriptions (Government of Canada, 2017).		March 24, 2017: The Scientific Advisory Panel meeting to discuss the scope along with the additions in contraindications about the certified opioids.
Make changes in the rules for the manufacturer to produce and enforce Risk Management Plans regarding opioid drugs. These plans will highlight, distinguish, avoid, and reduce the effects of opioids (Government of Canada, 2017).	November 15-16, 2016: A scientific Advisory Panel met to discuss and make recommendations and advice regarding the Risk Management Plans, which also include making certain opioids a priority over others.	June 2017: the amendments proposed to the Food and Drug Regulations will be made public by publishing in Part I of the Canada Gazette. June 2018: The final amendments will be made public by publishing in Part II of the Canada Gazette.

Try to amend rules for prescribing the low dose of codeine drugs.	Information is collected from stakeholders and partners to evaluate benefits and drawbacks, including associates from Manitoba. As of February 1, 2016: Pharmacists' Manitoba College requires prescribing low-dose codeine drugs given by: • physicians • nurses • dentists • pharmacists	Spring 2017: Ask about the potential harms and advantages.
Make time-to-time updates in the guidelines provided to pharmacies on the elimination of prescribed drugs returned from customers. This act will encourage and support customers to return the drugs, along with reducing the harmful effects of using them and marketing them illegally.		Spring 2017: initiate consultations about the guidelines drafted. Make this guidance public by publishing it and disseminating it to pharmacies.

Emergency Response For Public Health

To make emergency response possible focused on public health for dealing with opioid widespread, national public health response is supported across governments and partners.

Action	Progress	Next steps
Provide proper leadership to public health centers for providing responses in times of emergency regarding opioid usage.	February 2017: The Public Health Agency of Canada (PHAC) started an emergency responsive plan for public health dealing with opioids.	Ongoing: PHAC will try to renew and amend activities of response according to need.

Distribute correct and useful information to public health to support the emergency response plan for opioid use.	2016/2017: assist the officials of Health Canada in developing effective plans for communications about opioids.	Winter/Spring 2017: communications with the public about the harmful effects of opioid usage. Engage stakeholders to improve public health responses in multi-sectors about the risks of opioid drugs' widespread usage.
Provide the perfect flow of activities, movement and support to other areas which are required to deal with.	2016: PHAC contributes overall 113 persons and days for assistance for epidemiologic to two sectors to support the investigation and monthly reports on the overdose of opioid cases.	Winter/Spring 2017: look for increasing naloxone with the National Emergency Strategic Stockpile (NESS). Ongoing: we will move small clinics and provide extra support to help out responsive efforts at territorial and provincial levels, as per request.
Increase engagement of stakeholders and partners at the territorial and provincial levels to assist the response territorial, provincial and federal levels.	December 2016: activating Special Advisory Committee (SAC) at the territorial, provincial and federal levels on the epidemical overdose of opioids, with meetings held twice a week. Support and coordination are provided by PHAC. November 19, 2016: The Council of Chief Medical Officers of Health (CCMOH) published a Joint Action Statement about commitment to the following: • Disseminate and exchange accurate lessons and practices in different sectors to deal with opioid issues. • Provide fact-based advice for public health to the Deputy Minister of Health and Public Health Network Council and Conference. • Provide assistance and advice in initiating key factors for comparing the collected data and reports taken from all over Canada.	Winter/Spring 2017: SAC carries on meetings twice a week to address crucial matters about overdoses of opioids and deaths caused by them. Ongoing: PHAC will go on providing support, leadership and organizing discussions for officials of public health at the territorial and provincial level with the help of SAC. SAC will also play a key role in supporting the commitments of CCMOH.

Improve data collection, surveillance mechanisms, and research methods.	February 2017: a group for the Opioids Overdose Surveillance Task was developed and provided all data to SAC.	Winter 2017: Ongoing task to find out how to deal with this issue and provide reports in the best way regarding the current widespread overdose of opioids across the country. This task will deal with: Initiate efforts for monitoring and responding to the widespread issue. Assist coordination between different institutes of Canada for information on Health, medical examiner and coroners on various standards for dealing with the deaths caused by overdose opioids.
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Conclusion

Opioid abuse in America has become one of the major public health issues after the US Food and Drug Administration approved the use of a potent opioid known as oxytocin for use among infants. According to advocates and politicians, the plan of the United States government to encounter the opioid crisis is running contrary to the Trump Administration's health and justice policies. In the western regions of the US, according to the data, the death rate has declined or retained, but none has shown an increase. The new Centers for Disease Control and Prevention directions are meant to ensure the fastest and most effective cure for their drug-abusing patients (Dowell, Haegerich and Chou, 2016).

Canadian citizens are second number in the list of highest opioid consumers in the world, while the first one is America. The statistics given in various reports confirm that this issue has become severe. New actions are taken by Health Canada in collaboration with the Joint Statement of Action to deal with the Opioid Issue.

References

- Bosman, J. (2017). Inside a Killer Drug Epidemic: A Look at America's Opioid Crisis. The New York Times. Retrieved from <https://www.nytimes.com/2017/01/06/us/opioid-crisis-epidemic.html>
- Dowell, D., Haegerich, T. M. & Chou, R. (2016). CDC guideline for prescribing opioids for chronic pain—United States. JAMA. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26977696>

Government of Canada. (2017). Federal Action on Opioids. Retrieved from <https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/federal-actions.html>

Holpuch, A. (2017). Trump misses the mark with an opioid crisis plan, health advocates say. The Guardian. Retrieved from <https://www.theguardian.com/us-news/2017/mar/30/donald-trump-opioid-crisis-commission-criticism>

Katz, J. (2017). Drug Deaths in America Are Rising Faster Than Ever. The New York Times. Retrieved from <https://www.nytimes.com/interactive/2017/06/05/upshot/opioid-epidemic-drug-overdose-deaths-are-rising-faster-than-ever.html>

Murthy, V. H. (2016). A Promise Fulfilled—Addressing the Nation’s Opioid Crisis Collectively. Public Health Reports, 131(3), 387–388.

Ubelacker, S. (2017). The inside history of Canada’s opioid crisis. Retrieved from <https://www.macleans.ca/society/inside-the-history-of-canadas-opioid-crisis/>