Opioid Epidemic

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**Problem Overview and Background**

Currently, the prevalence of opioid consumption is increasing at an alarming rate in the United States of America. It is a long-lasting disease that has the potential to cause severe health and social issues. It is essential to consider how opioid is contributing to poor health and mental wellbeing of individuals in American society. Opioids can be described as substances that after acting on opioid receptors yield morphine-like effects (Binns & Low, 2015). They include strong prescription pain relievers such as hydrocodone, fentanyl, and oxycodone, etc. Heroin a drug that is illegal is also opioid (Abuse, 2019). Although, medically they are used as pain relievers in case of any severe injury or after surgery and can also use to provide anesthesia and diarrhea suppression (Frumkin, 2016). However, the drug is also misused for addiction purposes as well. The dug has multiple side effects such as mental fog, drowsiness, and constipation. Opioid overdose also reduces breathing rates that can even result in death.

 In the late 1990s, many pharmaceutical companies assured healthcare practitioners that the patients will not become addicted after using the drug. This lead to an increase in the prescription of a drug that further resulted in the misuse of the drug (Murthy, 2016). Specifically discussing the US, according to the report published CDC, more than 398,000 people died from opioid overdose of both illicit and prescriptive opioids from the year 1999 to the year 2017 (Baum, 2016). In the year 2010 rapid increase in the deaths caused due to opioid overdose was observed. Similarly, in the year 2013 many people died due to synthetic opioids drug overdose. During the year 2017 more than 10 million people died due to opioid overdose (Brownson et al., 2017). Due to which the government had to declare an emergency (CDC Injury Center,” 2019).

The main cause of the major crisis was ease in the availability of the drug. Especially, prescription opioid volumes peaked in recent years resulted in an increase in the number of people becoming addicted to the drug (Holton et al., 2018). People becoming addictive to the drug experience withdrawal symptoms when they stop using the drug. Despite several policies being made to put a limit on the usage of the drug, the issue is still prevailing in our society. Another main reason for the opioid epidemic is an increase in the prescription of the drug (Kovitwanichkanont & Day, 2018). Many healthcare professionals prescribe the drug to treat the people suffering from minor pain as well. People after using the drug for minor pain can become addictive and therefore are more prone to becoming an opioid addict (Schwarzman et al., 2019). It is undeniably true that living with chronic pain can be devastating and drugs like opioids can facilitate in reducing the pain for a short period (Makdessi, Day, & Chaar, 2019). However, there is severe risk associated with the drug as it is an addictive drug that should be prescribed carefully. Despite the risks associated with the drug, it is prescribed by many healthcare providers.

 There are multiple ways to reduce exposure to opioids. To mitigate the issue of drug overuse due to an increase in its prescription, it is necessary to spread awareness by academic detailing to educate providers regarding opioid prescribing guidelines (Rutter et al., 2017). There is also a need to implement quality improvement programs regarding prescribing opioids recommendations to mitigate opioid overuse.

 The reason for including academic detailing in solving the problem of opioid overuse is because this will aid healthcare providers in choosing alternate options that are much safer for treating patients. Healthcare providers may further be able to educate patients about the risks associated with opioid treatment options. The awareness regarding opioid overdose can facilitate in formulating management strategies in various insurance programs such as quantity limits and drug utilization for specific treatment.

**Hypotheses**

**Hypotheses 1**

C0 (Null Hypothesis): There is no prevailing connection between the legal position of opioids and the increasing consumption of opioids in the U.S.

C1 (Alternative Hypothesis): Legal position of opioid caused the increasing rate of opioid consumption in the US.

 The objective of developing better inferences about the crafted hypothesis is only possible by adopting a suitable form of hypothesis testing. This phase is recognized as a critical practical approach to accept or reject the null hypothesis. The development of possible null and alternative hypothesis is recognized as the first step to successfully establish the approach of hypothesis testing. The next step is to comprehensively construct the approach of analysis plan to critically examine the overall suitability and correctness of the hypothesis developed to define the potential association between the legal position of drugs and the epidemic of opioids. The approach of an extensive analysis of the former research studies on the issue of the opioid epidemic is considered. The central aim of this form of consideration is to evaluate the significance of the null hypothesis developed for examining the alleged association between the legal position of opioids and the increasing consumption of opioids in the country.

 A comprehensive analysis of former research studies in this issue helps to examine the prevailing connection between the factors of the legal position of drugs in different states and the increasing calamity of opioids. This practical approach helps the researcher to successfully evaluate the prevailing connection between the legal domain of drugs in the country. It is established by former research studies that in recent years, the action of legalization of marijuana by state government eventually cause the increasing use of opioids in many different farms. It is also necessary to mention that the outcomes of different research studies analyze the connection between the legalization of drugs and the opioid crisis in a diverse manner. It is one controversial spectrum as there is the existence of an argument that indicates that the legalization of marijuana can be a helpful condition to reduce the growing deaths due to the epidemic of opioids. However, there is the existence of wide-ranging research studies that successfully developed the idea that approving the legal position of supply and consumption of drugs eventually increase the hazard of the calamity of opioid. A detailed analysis of the former research studies helps the researcher to reject the null hypothesis that illustrated that there is no significant association exists between the legal position of drugs and the increasing consumption of opioids.

**Hypotheses 2**

C0 (Null Hypothesis): There is no influence of socio-economic barriers when it comes to the increasing use of opioids.

C1 (Alternative Hypothesis): Socio-economic barriers enhanced the epidemic of opioid consumption in the US.

 A detailed consideration of various research studies on the issue of opioids crisis in the country helped the researcher to examine the prevailing connection between different socio-economic approaches and this problem. An exploration of this form of connection is possible by critically examining different factors associated with the main issue of the increasing trend of opioid use especially in the case of young individuals. The process of comprehensive hypothesis testing can be successfully completed by selecting the option of critical analysis of the previous research studies on this issue. For this exploratory research work, an analysis of former research studies is considered by the researcher to define the alleged connection between the paradigms of socio-economic berries and the growing risk of opioids epidemic.

 The results of former research works helped the researcher to build the argument that various socio-economic factors such as poverty have the potential to increase the risk of the opioid epidemic. Furthermore, this form of consideration helps to reject the null hypothesis that states that there is no significant association exist between socio-economic factors and the issue of the opioid epidemic.

**Hypotheses 3**

C0 (Null Hypothesis): There is no significant evidence that the increasing trend of drug availability increases the hazard of opioid overuse.

C1 (Alternative Hypothesis): Increased drug availability enhanced the risk of opioid overuse.

 The research technique of examination of former research work on the research problem is selected to successfully meet the standard of hypothesis testing. This form of consideration made it essential for the researcher to critically review different research studies that formally examine the impact of the easy availability of drugs on the increasing rate of opioid use in the country.

 A detailed analysis of research methods and results delivered by former research studies eventually helps the researcher to successfully examine the prevailing connection between the domains of availability of drugs for young individuals and the growing epidemic of opioid use in the country. This form of assessment ultimately assists to reject the null hypothesis that indicates that there is no significant association concerning the connection between increased drug availability and the risk of the opioid crisis.

**Ethics**

It is highly important to consider that ethical attitudes of researchers during a research study is necessary in order to avoid any human exploitation. There are number of ethical consideration that must be taken to avoid human exploitation. The code of ethics has been pursued during this research study. Major ethical issues in conducting any research include informed consent, beneficence, respect of anonymity and confidentiality, and respect for privacy. In any research study, a number of individuals are participated for completion of that study. In the current study, there is a need to include individuals to evaluate their perception and responses regarding this order (Alarcon et al., 2016). It is highly unethical to ask any individual or patient to participate in this study. Every person has a right to autonomy, which must be protected in order to avoid the risk of ethical breach. For that particular purpose, participants filled an informed consent. That informed consent ensured that every person is willingly participating in this research study. Informed consent seeks to provide self-determination to any participant. Informed consent contains information regarding main objectives of a research and it also include any discomfort or physical harm that a participant can experience. In addition to this, principle of beneficence is highly necessary to apply in any research study as it indicates that the research is effective and significant and it has the potential to promote welfare (Smith et al., 2016). It is highly necessary for a researcher to examine potential risks to participants and provide them with proportionate benefits to balance the risk (Cartier et al., 2018). In the current research, participants are provided with positive environment so they can easily express their feelings.

 Furthermore, the issue of confidentiality is highly considerate in the modern society. Participants are unlikely to participate in any research study if they feel threaten by the risk of confidentiality breach. It is highly unethical to breach personal information about a participant. The management of private information is necessary to avoid ethical conundrum. In the current research study, personal information of participants kept safe and secure (Heilbrunn-Lang et al., 2016). In the informed consent, participants are ensured that their information will only be used for academic purpose. Researcher is prohibited to leak or sell their information to other personnel or authorities. Researcher is well aware of the fact that a breach of confidentiality can have psychological and social implications on any participants. Information of participants are only used to complete this research study.

**Funding sources**

The institute of NIDA is responsible to offer possible grants or new funding opportunities to all the stakeholders when it comes to successfully addressing the issue of opioid crisis in the country. NIH HEAL is one possible option of grants to conduct suitable research work in the context of issue of opioid crisis. This specific form of grant gives financial options to stakeholders at local and national level to attain better forms of opioid use disorder (OUD). The available range of funding is this context can be measure within the range of $ 2000 to $2500. The title of this funding domain can be observed as the federal grant against opioid crisis.

National Institute of Health (NIH) provides funding for researchers under Grants and Contracts. NIH offers funding for many types of grants, contracts, and even programs that help repay loans for researchers. Domestic and foreign, non-profit or for-profit organizations are eligible for grants. This research will need 6000 dollars funding. <https://grants.nih.gov/funding/index.htm>. The title of grant proposal will be “Opioid crises and possible solution”.

BPC is another possible option of funding to successfully achieve the target of research work in the context of issue of opioid crisis. This form of grant operating in both local and national levels to apprehends the crisis of opioid. Consideration of congressional appropriations makes different stakeholders eligible to this type of grant services. Furthermore, state-level award information also helped to determine the desired amount of funding. The estimated grants in this scenario can be observed as availability of $5, 521, 368,000 with the title of Substance Abuse and Mental Health Services Administration.

The funding delivered by Health and Human Services (HHS) is another crucial spectrum of consideration to successfully adopt the approach of funding to deal with the issue of opioid in the country. All the states, territories, and localities are responsible to avail these funding domains. The possible amount under the spectrum of this grant can be estimated up to $3000 in case of local communities.

**References**

Abuse, N. I. on D. (n.d.). Opioids. Retrieved December 20, 2019, from https://www.drugabuse.gov/drugs-abuse/opioids

Baum, F. (2016). *The new public health.* Oxford University Press.

Binns, C., & Low, W. Y. (2015). What Is Public Health? *Asia-Pacific Journal of Public Health / Asia-Pacific Academic Consortium for Public Health*, *27*, 5–6. https://doi.org/10.1177/1010539514565740

Brown, R., & Morgan, A. (2019). *The opioid epidemic in North America: implications for Australia*.

Brownson, R. C., Baker, E. A., Deshpande, A. D., & Gillespie, K. N. (2017). *Evidence-based public health*. Oxford university press.

Cartier, Y., Creatore, M. I., Hoffman, S. J., & Potvin, L. (2018). Priority-setting in public health research funding organisations: an exploratory qualitative study among five high-profile funders. *Health Research Policy and Systems*, *16*(1), 53.

Frumkin, H. (2016). Urban sprawl and public health. *Public Health Reports*.

Heilbrunn-Lang, A. Y., Carpenter, L. M., Powell, S. M., Kearney, S. L., Cole, D., & de Silva, A. M. (2016). Reviewing public policy for promoting population oral health in Victoria, Australia (2007–12). *Australian Health Review*, *40*(1), 19–26.

Holton, D., White, E., & McCarty, D. (2018). Public health policy strategies to address the opioid epidemic. *Clinical Pharmacology & Therapeutics*, *103*(6), 959–962.

Kovitwanichkanont, T., & Day, C. A. (2018). Prescription opioid misuse and public health approach in Australia. *Substance Use & Misuse*, *53*(2), 200–205.

Krashin, D., Murinova, N., & Sullivan, M. (2016). Challenges to treatment of chronic pain and addiction during the “opioid crisis.” *Current Pain and Headache Reports*, *20*(12), 65.

Leach, R., Chapman, B., Hanly, A., & Carreiro, S. (2019). *Perceptions on the Opioid Epidemic: A Qualitative Study*.

Makdessi, C. J., Day, C., & Chaar, B. B. (2019). Challenges faced with opioid prescriptions in the community setting–Australian pharmacists’ perspectives. *Research in Social and Administrative Pharmacy*.

Murthy, V. H. (2016). Ending the opioid epidemic—a call to action. *New England Journal of Medicine*, *375*(25), 2413–2415.

Opioid Overdose | Drug Overdose | CDC Injury Center. (2019, November 12). Retrieved December 20, 2019, from https://www.cdc.gov/drugoverdose/index.htm

Roxburgh, A., Hall, W. D., Dobbins, T., Gisev, N., Burns, L., Pearson, S., & Degenhardt, L. (2017). Trends in heroin and pharmaceutical opioid overdose deaths in Australia. *Drug and Alcohol Dependence*, *179*, 291–298.

Rutter, H., Savona, N., Glonti, K., Bibby, J., Cummins, S., Finegood, D. T., … Moore, L. (2017). The need for a complex systems model of evidence for public health. *The Lancet*, *390*(10112), 2602–2604.

Schwarzman, J., Bauman, A., Gabbe, B. J., Rissel, C., Shilton, T., & Smith, B. J. (2019). The Funding, Administrative, and Policy Influences on the Evaluation of Primary Prevention Programs in Australia. *Prevention Science*, 1–11.

Smith, J. A., Crawford, G., & Signal, L. (2016). The case of national health promotion policy in Australia: where to now? *Health Promotion Journal of Australia*, *27*(1), 61–65.