

The Opioid Epidemic

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The opioid epidemic has been growing for a decade and is erupting across the country at unprecedented rates. Yet, the extent of its reach and degree of its destruction are beyond expectation. Opioids such as oxycodone or heroin now rule the lives of men and women from across the socio-economic strata. Unbelievably, drug overdose deaths in 2015 surpassed the number of HIV deaths at the peak of the pre-HAART epidemic.

We've known for centuries that opioids can be wildly addictive. Exposure to vulnerable individuals leads to widespread addiction as seen with opium and the Chinese army in the early 1800's, morphine and the Victorians, and the post-Vietnam heroin epidemic of the 1960's and 70's. In retrospect, the perfect storm created over the last two decades was painfully predictable. The aggressive marketing of extended-release opioid formulations, a coercive national strategy to improve pain management, a reduction of physician and patient perceived harm, and relaxation of prescribing habits lead to unbridled exposure of millions to addictive molecules. States responded by enacting regulatory measures to foster provider education and more responsible prescribing. Pharma launched promising anti-abuse formulations of popular medications like OxyContin. Both appear to have had unintended consequences. Access dwindled and prices rose. Market forces drove users into the waiting clutches of a new breed of heroin merchants who created distribution networks reaching into every community, able to home deliver a purer, easier to use, and cheaper product. (Sam Quinones Dreamland, Wilson Compton NEJM). Average use is now measured in bundles of thirteen three dollar bags of heroin, with one to four bundles a day being the new norm.

Though a few continue to inhale, most have transitioned to the cheaper intravenous method, learning from friends and fellow users. To further support their profit margin, heroin merchants have begun mixing in cheaper fentanyl and its analogs, boosting potency by up to fifty fold at a fraction of the cost. As a result, overdoses have spiked in Delaware over the past year. Narcan use data suggests that nearly fourfold more are overdosing and surviving in the community (DMI Annual Report 2016). Repeated injection use poses other risks. From 2015 to 2016, Christiana Care Health System has measured a doubling of spinal abscesses, osteomyelitis and endocarditis from 71 to 139 cases diagnosed as well now daily admission of young and old who have survived near fatal overdoses or related maladies.

Strategies to address the epidemic are emerging driven in part by the clear understanding that opioid use disorder is a chronic brain disorder requiring on-demand access to long term evidence-based treatment that includes use of medications such as methadone, buprenorphine, and extended-release naltrexone and a host of wrap around services to facilitate and support recovery. The basic principles are clear: identify those affected and develop methods to engage them into care where they can be found, be it in the clinic, the Emergency Department, the hospital bed, the local lock up, or out in the field after an overdose. Admission into and retention at evidenced- based drug treatment is protective and efforts are underway to help this system of care become adaptive to the varying needs of its patients. Further preventive measures to enforce

responsible opioid prescribing will hopefully lessen ready access to pharmaceuticals and stem exposure.

The following articles are written by those who are actively engaged in developing these responses in the State of Delaware. They will discuss innovative adaptations of methods new and old to better understand the epidemiology of this epidemic, better link disparate resources to define reachable moments to help find and engage patients into care and finally better apply treatment methods and tools to treat the chronic brain disorder that threatens so many lives. In light of current political developments surrounding the reversal of the Affordable Care Act which threaten to gut funding to the very public health mechanisms required to meet the challenges posed at the very time they are most needed, there is new imperative for physicians and providers alike to understand and advocate for best practices to address the opioid epidemic.

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