

Opioid epidemic: Are we doing enough?

Santiago Almanzar*

Clarion Psychiatric Center, Universal Health Services, USA

***Corresponding Author:** Santiago Almanzar, Clarion Psychiatric Center, Universal Health Services, USA.

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As one of the few attending psychiatrists in a small, predominantly white town in western Pennsylvania, I treat many patients who present with symptoms of acute depression or symptoms consistent with acute stress disorder, often following the traumatic loss of a close friend or relative due to opioid overdose. Most of the patients describe their symptoms as being severe, unmanageable, and debilitating. In a recent case, the patient found a relative lying unresponsive, cyanotic, and breathless in the basement. Although attempted several times, cardiopulmonary resuscitation was unsuccessful, and once the emergency response team arrived, the relative was declared dead due to opioid overdose. Three years earlier, the same patient had found another relative lying dead, also due to heroin overdose.

The patient's case is one of hundreds that occur daily among individuals and their families affected by drug addiction and overdose, often involving opioids, as multiple media outlets have reported. According to the Centers for Disease Control and Prevention, "heroin use has increased across the US among men and women, most age groups, and all income levels. Some of the greatest increases occurred in demographic groups with historically low rates of heroin use: women, the privately insured, and people with higher incomes..." "Heroin use more than doubled among young adults ages 18 - 25 in the past decade. More than 9 in 10 people who used heroin also used at least one other drug. 45% of people who used heroin were also addicted to prescription opioid painkillers" [1,2].

Family members, religious leaders, primary health providers, and mental health professionals are often the first people contacted by patients struggling with drug addiction. However, the majority of current research on treatments in response to opioid use has shown that knowledge of opioid overdose prevention techniques and opioid overdose education and naloxone distribution (OEND), as well as the implementation of such knowledge, remains limited among healthcare providers [3-11].

In numerous studies, researchers have concluded that a significant number of patients with mental health conditions have one or more co-occurring substance disorders, as well as that patients with substance disorders are more vulnerable to developing psychiatric and medical conditions [12-20]. Meanwhile, in other studies focusing on patient knowledge and attitudes regarding the use of OEND training, researchers have found that, on their whole, participants received education about the methods well. In still other studies, researchers have shown evidence of the effectiveness of medication-assisted treatment (MAT) interventions involving methadone, buprenorphine, or naltrexone [21-23].

Since mental illness and drug addiction increasingly affects society, it is imperative that community leaders and community members, religious leaders, healthcare providers, and policymakers consider ways of better interacting with the mental health community, individuals struggling with drug addiction, and people either directly and indirectly affected by the epidemic. Continued research on implementing educational programs that empower community members and policymakers to better understand and respond to early signs of drug addiction is needed, especially regarding individuals with opioid use disorders, as well as on ways to recognize and approach acute cases of opioid intoxication what use emergent treatment and MAT effectively.

Clearly, more public campaigns are needed to improve the knowledge of community members, families, and religious leaders about how to effectively help members of the community who struggle with mental health conditions and substance abuse. Psychiatrists and mental health providers can play pivotal roles in educating patients and community members about treatment options available, preventive measures, and the emergency management of opioid users.

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