

The Secret's Out! Two Investigations Administer a Dose of Reality in Pain and Addiction

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All stakeholders play a role. Two studies provide tangible action into the process of getting hooked on narcotics. The first is taking prescription narcotics at all! Always ask your healthcare provider for a non-opiate alternative as a first-line of treatment. Adjunct options may include non-steroidal anti-inflammatory drugs, acetaminophen, neuro-modulators, antidepressants that work on pain neural pathways, heat, ice, chiropractic, muscle strengthening, flexibility training, and positive mindfulness coping strategies. There is an additional increased risk of addiction when going from short-term use to long-term opioid use. This danger can occur within just one week after beginning opiate narcotics.

The second significant risk is for young people. Leftover or unfinished prescription narcotics in the home that is easily found by children and teenagers account for a large part of the early opioid contact. Doctors can also do their part by "going Low and Short". Surgeon General Vivek Murthy's recommends that if prescribers and the patient determine an opiate is medically necessary they follow the guideline of the lowest possible opioid dose for the shortest length of time. This best practice prescribing habit ensures patients do not have a surplus of narcotic pills. Too many pills around the house increase the likelihood that our youth may take them creating self-harm by misuse, development of opioid use disorders, or overdose.

The majority of drug overdose deaths involve an opioid. Opioids or narcotics are byproducts of opium. They are substances that act on body receptors to make us not care about the pain. There is not a pill for every ill! Narcotics do not treat the root cause of suffering. Familiar names to the most common prescription opioid medications implicated in deaths by overdose are Oxycodone (OxyContin®), Methadone, and Hydrocodone (Vicodin®). It is estimated that 20 million people are addicted to opiates worldwide today. According to the CDC, overdose deaths involving prescription opioids have quadrupled since 1999. The result is that on average 91 people die from an opiate overdose daily. Yearly, more people die from opiate overdoses than cocaine.

Clinical research continues to establish and validate a link between prescribing too much and too many opioid medications, the hazards of prolonged use and extra amounts of medicine in the home. All these effects create a dangerous potential for diversion or misuse. We need to continue to look at prescription practices and to increase education. It is imperative to store medications safely and to keep them away from children.

What have we learned? We are all connected by our ability to think. Beyond the hype and drama, the personalized message is education and critical thinking. There are about 3200 deaths per day from car accidents and 1600 deaths per day from heart attacks. Given this perspective, whatever the reason is behind this focus and attention to the opiate crisis; there is a pressing need for people to think beyond the drugs, healthcare providers, lab tests, and surgery.

Be your advocate! Speak up, as a patient healthcare is in your hands! Ask for a non-opioid medication that can effectively manage pain while eliminating or decreasing opioid dosage and use. This action is especially necessary in light of the opioid narcotic epidemic and addiction rates. Only you can make your health a priority!

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