

## **Opioid Overdose: An Alarming Epidemic**

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This article is written in loving memory of my beloved nephew, Ronald Orazio, a loving, strong, intelligent, and successful young man who initiated legal opiate use by prescription for an injury. In 2013, four years after initial prescribing, he overdosed. His pressed suit for his interview that day hung in his room where he passed. He died alone. We miss him every day. He was 33 years old. We would not have believed this could have happened to him. We did everything we could.

A significant increase has occurred in Opioid deaths with no family being immune from this devastating epidemic that is claiming our sons, daughters, wives, husbands, friends and neighbors- 78 lives per day. Since 2000, Opioid deaths rose 200%, with increases especially in age groups 25-44 and 55 and up. This epidemic does not discriminate against race, gender, sexual orientation, age, or socioeconomic status.

Opioids are divided into three groups: opium-like, such as Codeine, semi synthetic, such as Oxycodone, and synthetic, such as Fentanyl and Methadone. The US consumes 80% of Opioids prescribed worldwide. Of particular concern is Heroin, with a recent resurgence in use. It is often laced with Fentanyl, is inexpensive, readily available, and very potent.

However, its deadliness is underestimated.

There is no consensus explaining why we have this epidemic, but important factors include:

- Increased prescribing: in 1991, 76 million prescriptions written, in 2011, 219 million prescriptions
- Expanded pain medication protocols promoted to healthcare providers and the public
- Patient demand
- Rogue cash-paying pain clinics and internet prescriptions

Efforts currently utilized to combat the Opioid epidemic include:

- Providing physicians with improved parameters for prescribing Opioids including abuse screening and frequent visits
- Identification of doctor shopping through state drug monitoring programs
- Use of abuse-resistant extended release formulas
- Opioid dependence treatment with Methadone, extended

release Naltrexone, or  
Buprenorphine (Suboxone)

- Providing families intranasal Nalaxone for overdose in the home
- Public education

Although these recommendations are helpful, the most powerful advocacy comes from within one's own family. Protect yourself and loved ones from this epidemic by taking extra caution when an Opioid is prescribed. Monitor for proper use, ask for alternatives, and research other methods for pain control. Address concerns immediately if use escalates or continues beyond a reasonable period. Do not ignore ongoing use.

Resources:

<http://www.samhsa.gov/medication-assisted-treatment/treatment/opioid-overdose>