

Addiction

What We Know

Addiction comes in many shapes and forms. People can be addicted to both legal and illegal substances. Even the drugs prescribed to manage pain can become dangerously addictive. Nationally, there has been a growing focus on prescription painkiller abuse and addiction. The Center for Disease Control and Prevention (CDC) recently released information about the rates of opioid painkiller use and overdoses in the United States¹. In Virginia, the number of opioid-related overdoses rose 14 percent between 2013 and 2014. This increase in overdoses was higher compared to the national rate.

Marketing of Opioids

In the last two decades, the availability of painkillers has multiplied. This rise is mainly due to aggressive drug marketing^{2,3}. To make marketing effective, pharmaceutical companies collect data on opioid prescribing rates. Targeted physicians receive merchandise, convention invitations, and educational materials but little information on risks of prescribing, including addiction³. With effective marketing and little risk information, prescriptions opioids and in particular, OxyContin, have skyrocketed.

Opioids and Mortality

Within 5 years of being introduced to the market, opioid painkillers took off. Southwest Virginia was particularly affected. Prescribing rate for opioids in southwest Virginia are up to 5 times the national rate. Opioid-related overdoses rose along with prescribing rates, increasing over 800 percent between 1997 and 2003 in Southwest Virginia increased over 800 percent between 1997 and 2003. This trend is also seen across the nation. Accidental overdoses are now a leading cause of death in the United States, causing more deaths than both motor vehicle accidents and suicide combined². The rise in opioid-related deaths is now recognized as a national public health problem.

Prescribing Guidelines

Prescription painkillers are the second most used drug in the United States². In March 2016, the CDC released new prescribing guidelines for prescription painkillers. These new guidelines are meant to decrease the number of accidental overdoses¹. The new prescription guidelines include a checklist to help physicians better prescribe opioids for chronic pain. The guidelines will help with communication about the risks of long-term opioid use. Both medical personnel and the public realize the need to be more stringent with opioid prescribing. With the new prescribing guidelines, there should be a decrease in opioid related deaths and better management for addictions, nationally.

Local Implications for Harrisonburg/Rockingham

Because of its location on Interstate 81, long identified as a drug route parallel to I-95, Harrisonburg/Rockingham report problems with substance abuse and addiction.⁴ Heroin use is on the rise in the Shenandoah Valley, representing a parallel epidemic to prescription opioid

addiction.⁵ In the 2015 SRMH Community Stakeholder Survey, substance abuse/ illegal drugs were listed by 68% of respondents as the second most important health challenge in the community.⁶ HCC survey respondents noted but did not prioritize H/R as a high drug use area.⁷

Healthy People 2020 identifies substance abuse as a focus area, and includes evidence-based resources and interventions to assist communities to address substance abuse, mainly targeting alcohol and tobacco use.⁸ In March 2016 the Comprehensive Addiction and Recovery Act (CARA) law was passed in the Senate, which will assist Virginians with resources for opioid abuse prevention and treatment.⁹

The H/R Community Services Board provides substance abuse services and alcohol/drug crises, including an evening substance abuse program. Universities, such as James Madison University, provide substance abuse counseling and student referral, as well creative initiatives such as the JMU Substance Abuse Prevention Toolbox.¹⁰ The Central Shenandoah Valley Partnership is implementing a 5 year federal grant in conjunction with Sentara RMH, to provide home visiting services for families at risk of substance abuse

References

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