

9-25-2023

Opioid Crisis in Ohio

Alison Ringhiser

Caleb Clayton

By: Alison Ringhiser and Caleb Clayton**Opioid Crisis in Ohio****Introduction**

Chronic pain and unnecessary suffering affect many people and healthcare professionals often respond by giving their patients pain relief through a variety of means. Pain assessment goes alongside any vital test medical staff administer to patients, meaning that pain management comes next. Modern technologies allow for innovative practices to help treat patients experiencing chronic pain, but the most common pain-relief methodology is prescription pain-relievers. In the 1990s, opioids were marketed by pharmaceutical companies as reliable pain-relieving drugs. Concerns about their addictive potential were minimized, suggesting they were low-risk substances. Three decades later, evidence has mounted that Americans are in the midst of a drug epidemic deadlier than any in US history.

Question 1: What exactly is the opioid crisis? How did it begin?

The opioid crisis describes the surge in deaths from opioid overdoses since the mid 1990s, when OxyContin, a powerful and highly-addictive painkiller, and several of its contemporaries were approved for use by the FDA. According to Johns Hopkins Medicine, "all opioids work similarly: They activate an area of nerve cells in the brain and body called opioid receptors that block pain signals between the brain and the body." Opioids are most often used for post-surgical pain, chronic pain related to trauma or disease, severe fits of coughing, and as antidiarrheals. While opioids treat many ailments, they have the potential to cause significant harm. Their alleviating sensation can also elicit a euphoric "high" in large doses, and with time, opioid users can develop a tolerance to the drug. Once they have developed a tolerance, they develop a physical dependency upon opioids. Once the body is physically dependent upon the drug, a person can become addicted and abuse opioids to fulfill their dependence upon the drug, risking overdose and death in the process.

This was swiftly discovered when the first wave of overdose deaths occurred, as many people who were prescribed these medications became addicted and would overdose on the narcotics. The second wave of deaths happened because people would run out of their prescriptions and turn to illegal drugs like heroin, which mimic opioids. These replacements replicate the effects of the prescription opioids, but often lead to severe cycles of withdrawal symptoms and chasing euphoria. As the addiction worsens, opioid abusers seek higher dosages risking more volatile side effects and extreme risk of overdose. In recent years, synthetically engineered opioids with excessive potency such as fentanyl have become widely used in hospitals, and consequently have been introduced to the drug market, leading to further opioid overdoses, resulting in the current third wave of deaths.

In 2017, The U.S. Department of Health and Human Services declared the opioid crisis a public health emergency. In 2020, nearly 75% of overdoses were the result of opioids. And since 1999, nearly 1 million people have died because of an opioid overdose. While opioids themselves have earned a demonizing reputation for the devastating effects they have had on the American public, opioids have improved the lives of millions of people who suffer from chronic pain. Calls to remove opioids from the drug market entirely could push those dependent upon prescription opioids to turn to dangerous alternatives like heroin and counterfeit pain relievers. While opioids and their addictive potential continue to plague American society, they serve a purpose in the lives of chronic pain sufferers. This fact requires a focus on safe prescription practices, a push to safeguard accessibility to the drugs, and patience.

Question 2: Why is the opioid crisis much worse in Ohio than most other states?

For years, Ohio has been one of the top five states for opioid deaths in the nation. Thirteen Ohioans die daily because of unintended overdoses, and in 2020, Ohio ranked 4th among all states across the nation for overdose deaths. Opioids are trafficked into Ohio at excessively high rates, much higher than most of the country. In 2017, Montgomery County, containing the city of Dayton, became the ‘overdose capital’ of the United States, as Dayton became one of the major distribution centers in Ohio. This city would funnel opioids all over Ohio, but southern cities were affected the worst.

Ohio is also home to many “pill-mills,” places where high potency opioids are produced and distributed. Despite active efforts, including stronger legislation and increased response to pill mills, Ohio reacted slower than other states when these mills proliferated around the country, and faces the consequences of their delayed response now.

Poverty and economic situations, including rate of economic opportunity and unemployment, also factor into the rate of opioid use in the state. Many of Ohio’s small-town communities and rural areas have struggled with economic growth coupled with rising poverty.

The opioid crisis in Ohio has had disastrous consequences on surrounding states and the country more generally. Ohio is one of the most interconnected states along the US Interstate Highway System. Major cities in Ohio have become economical centers for the country due to their diversity, location, and convenience. These same factors have made Ohio a hub for opioid trafficking. The ease of access to surrounding states from Ohio can increase the amount of opioids transported between states, and this can have dire effects for many people around the United States.

Question 3: What can people do to help?

The opioid crisis requires action, and legislators are hoping that public policies will provide some solutions. In 2016, Congress passed the Comprehensive Addiction and Recovery Act (CARA). According to an article published by the National Library of Medicine’s National Center for Biotechnology Information, “CARA is extensive legislation intended to address the opioid

epidemic, including prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal.” This act provided funding for combating the opioid epidemic, with allocations to specific programs directed toward addiction recovery programs and services. Further legislation attached to CARA was passed in 2018 to improve access to overdose treatment programs, produce more funds for first responder training, increase response to addiction services for women, families, and veterans, and strengthen efforts to foster recovery within communities nationwide. In December of 2022, the [Rural Opioid Abuse Prevention Act](#) was passed, providing increased federal support to rural communities most affected by high opioid usage. The bill aims to do so by strengthening surveillance of opioid abuse within rural communities, implementing effective community level opioid overdose prevention activities, and establishing collaborations between public safety and public health departments to develop strategies on how they can best serve their community. Most recently, Congress has authored the [Comprehensive Opioid Recovery Centers Reauthorization Act of 2023](#), an act that would provide nearly \$1 million to the Health Department to provide FDA-approved wrap-around services that will supply comprehensive services to treatment centers in the most at-risk areas of our nation.

While the opioid crisis is not something individual people can tackle alone, there are ways individuals can help. For instance, citizens can learn how to use Naloxone emergency kits, better known as Narcan. Narcan is a life-saving drug that first responders use in overdose cases, and kits are available to the public to either buy or find free services online that will ship free kits to your location. Citizens can also inform themselves on Harm Reduction services near them, which provide sterile syringes and other products aimed at reducing the amount of deaths and injuries related to opioids. These services also support safer drug use for people who are addicted until they can receive help. Lastly, citizens can also inform themselves about drug addiction services and recovery programs around their cities and homes, helping educate others about opioid use and how to reduce the amount of users.

Conclusion

The opioid crisis is a particularly close to home issue for Appalachia and the industrial midwest. Ohio finds itself housed in the throes of an America plagued by prescription drug addiction and overdose deaths. It is important that we understand the complex web of problems that has led to the opioid crisis, because it is not and will not be a simple solution. Helping individuals fight opioid addiction and implementing the strategic policies necessary to provide recovery services are a pathway to curing this crisis, but it will take patience, effort, and understanding before things get better.

For more information on Harm Reduction services, please visit <https://www.samhsa.gov/find-help/harm-reduction>.