

## The Unexpected Faces Of America's Addiction Epidemic

(NAPSA)—Opioid abuse and dependence stories appear every day in the media. Fatal overdoses, crimes committed to feed a habit, homeless addicts—the headlines are endless. To begin to address the issue, it's critical to understand the populations at risk for dependence as well as the available treatment options. Studies from the early 2000s found heroin rates were reported highest among young, white males living in low-income, urban areas—most with a history of non-medical use of prescription painkillers'. Surprisingly, the age-old face of a "drug addict" as described is not the demographic driving the growth of the new epidemic.

### The New Face of Opioid Addiction

Today, it's nearly impossible to stereotype the so-called "drug addict"—people from all walks of life are abusing opioids. The gap between women and men is narrowing, as there are an increasing number of women who are becoming addicted to opioids. Women, from the suburban housewife to the career professional, are struggling with addiction. Between 2002 and 2013, the number of females with an addiction doubled<sup>i</sup>. Women were rarely associated with opioid addiction; in the 1960s, less than 20% of heroin users were women<sup>ii</sup>.

### The New Age of Opioid Addiction

Opioid addiction is also no longer limited to young adults or those without health insurance. Americans age 50-69 years old, with health insurance benefits, are the fastest growing population of opioid addicts. Of these Americans, almost half are high school graduates and a third have completed some college<sup>iii</sup>. Women (and men) have mostly fallen into opioid addiction through the use of prescription painkillers<sup>iv</sup>.

### The New Cause of Opioid Addiction

The story of Tai J., a 34-year-old woman living in Texas and working as a registered nurse, is just one of the many accounts of addiction in the U.S. Tai was prescribed the painkiller Vicodin to treat a back injury, as many patients are, but unfortunately for Tai, routine use of the drug to ease her chronic pain led to a 15-year addiction to heroin and prescription pain medicine.

"We often see opioid addiction develop as a result of scenarios similar to Tai's, which helps to explain the alarming rate at which opioid addiction is growing to include men and women of all ages, races and socioeconomic backgrounds," said Dr. Harold Urschel, Medical Director, Enterhealth.

Prescription pills may appear more socially acceptable, particularly for women, and come with different risks compared to using drugs intravenously. Taking pills helps to eliminate the negative "addict" connotation. Dependence fed by prescription drugs is an expensive habit though, and the access to these drugs has started to decline due to efforts aimed at deterring physicians from prescribing opioids for pain. Consequently, users may choose heroin because it costs less and is easier to access<sup>v</sup>.

### The Evolving Treatment Landscape

As the opioid epidemic grows, U.S. federal and state governments, along with the medical community, are making it a priority to provide increased access to treatment. Research indicates that medication-assisted treatment, in combination with psychological support, helps people get into and stay in recovery. Treatment should be tailored to patients and their needs by offering a menu of available

treatment options, including naltrexone, buprenorphine and methadone, and psychological support such as cognitive or behavioral therapy<sup>vi</sup>.

In 2014, the Obama Administration implemented a National Drug Control Strategy to reduce illicit drug use in the U.S. The president's plan to reform drug policy includes education on prevention, expansion of access to treatment and support for those in recovery by taking actions to eliminate the negative stigma associated with addiction<sup>vii</sup>.

State governments are also taking action to fight the epidemic. In March 2015, Kentucky implemented better treatment options for those struggling with addiction and seeking help by allocating \$10 million to make treatment widely available<sup>viii</sup>.

"While prevention is important, the most immediate need is providing access to treatment for the millions of people addicted to opioids who are struggling to keep their lives together. Recovery is not easy to achieve, but may include a combination of medication-assisted treatments, psychosocial counseling and support, which together can help people treat their addiction," said Dr. Urschel.

### The Hope for the Future

Continued funding by federal and state governments will provide more options to those struggling with addiction. Broader access to treatment and education on prevention and the dangers of prescription painkillers, regardless of socioeconomic class, group, location or medical insurance, could increase the likelihood that people with opioid addiction will get treatment and stay clean. All these efforts combined are increasing attention on opioid addiction.

**For more information on opioid dependence and its treatment, visit [www.recoveryispossible.com](http://www.recoveryispossible.com).**

i Jones, C. M., Logan, J., Gladden, M., & Bohm, M. K. (2015). Vital Signs: Demographic and Substance Use Trends Among Heroin Users—United States, 2002-2013. Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report. Retrieved from [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s\\_cid=mm6426a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s_cid=mm6426a3_w)

ii Jones, C. M., Logan, J., Gladden, M., & Bohm, M. K. (2015). Vital Signs: Demographic and Substance Use Trends Among Heroin Users—United States, 2002-2013. Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report. Retrieved from [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s\\_cid=mm6426a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s_cid=mm6426a3_w)

iii Cicero, T.J., Ellis, M. S., Surratt, H. L., & Kurtz, S. P. (2014). The Changing Face of Heroin Use in the United States: A Retrospective Analysis of the Past 50 Years. JAMA Psychiatry, 71. Retrieved from <http://archpsyc.jamanetwork.com/article.aspx?articleid=1874575>

iv Anderson, P. (2014). The Changing Face of Opioid Addiction. Medscape Medical News: PAINWeek 2014. Retrieved from <http://www.medscape.com/viewarticle/831319>

v Drug Enforcement Administration. (2013). National Drug Threat Assessment Summary. Retrieved from <http://www.dea.gov/resource-center/DIR-017-13%20NDTA%20Summary%20final.pdf>

vi Jones, C. M., Logan, J., Gladden, M., & Bohm, M. K. (2015). Vital Signs: Demographic and Substance Use Trends Among Heroin Users—United States, 2002-2013. Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report. Retrieved from [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s\\_cid=mm6426a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s_cid=mm6426a3_w)

vii Jones, C. M., Logan, J., Gladden, M., & Bohm, M. K. (2015). Vital Signs: Demographic and Substance Use Trends Among Heroin Users—United States, 2002-2013. Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report. Retrieved from [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s\\_cid=mm6426a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a3.htm?s_cid=mm6426a3_w)

viii National Association of State Alcohol and Drug Abuse Directors. (2015). NASADAD Fact Sheet on Opioids. Retrieved from <http://nasadad.org/2015/02/nasadad-releases-fact-sheet-on-opioids/>

ix Office of National Drug Control Policy (2014) 2014 National Drug Control Strategy. Retrieved from <https://www.whitehouse.gov/ondcp/national-drug-control-strategy>. Kentucky Legislature (2015). This Week at the State Capital: Anti-heroin bill among measures approved in session's final hours. Retrieved from <http://www.lrc.ky.gov/pubinfo/release.htm>