

The US Opioid Epidemic – A War of a Different Kind

Video Source: [MSNBC](#)

By Dr. Joseph Mercola | mercola.com

The opioid epidemic – which between 2002 and 2015 alone claimed an estimated 202,600 Americans' lives¹ – shows absolutely no signs of leveling off or declining. On the contrary, recent statistics suggest the death toll is still trending upward, with more and more people abusing these powerful narcotics. The most common drugs involved in prescription opioid overdose deaths include² methadone, oxycodone (such as OxyContin®) and hydrocodone (such as Vicodin®).

[Related Article: Harvard Investigation Shows Doctors Are Paid Huge Sums To Prescribe Addictive Opioids](#)

This dangerous class of drugs promises relief from pain and is filling a hole in human hearts and souls everywhere. According to the most recent data³ from the U.S. Centers for Disease Control and Prevention (CDC), overdose cases admitted into emergency rooms increased by more than 30 percent across the U.S. between July 2016 and September 2017. Overdose cases rose by:⁴

- 30 percent among men
- 31 percent among 24- to 35-year-olds
- 36 percent among 35- to 54-year-olds
- 32 percent among those 55 and older

In the Midwest region – Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio,

South Dakota and Wisconsin – overdose cases rose by 70 percent and opioid-related mortality by 14 percent. Large cities also saw a 54 percent increase in overdose cases in that same timeframe. According to CDC officials, the results are “a wake-up call to the fast-moving opioid overdose epidemic.”

‘The Opioid Diaries’

Curiously, opioid abuse appears to be a uniquely American problem. As noted in a recent write-up in New York Magazine,⁵ the U.S. “pioneered modern life. Now epic numbers of Americans are killing themselves with opioids to escape it.” I’ve written about opioid misuse and addiction on many occasions in recent years, and it seems one cannot discuss this issue enough. Many are still unaware of the dangers involved with filling that first prescription.

As an indication of the need for awareness, the March 5 issue of Time magazine, “The Opioid Diaries,”⁶ is aimed at exposing the national crisis. For the first time in the magazine’s history, an entire issue is devoted to a single photo essay – the work of photojournalist James Nachtwey, who has documented stories for Time for over three decades. In “The Opioid Diaries,” Nachtwey’s photos detail the stark reality of this all-American crisis.

He and editor Paul Moakley spent months traversing the U.S., interviewing over 200 people along the way. As noted by a deputy sheriff who has seen more than his fair share of the fallout of this epidemic, opioid addiction doesn’t discriminate. “It’s not just the guy who’s never worked a day in his life,” he says. “It’s airline pilots. It’s teachers. I’m sure there’s law enforcement, firemen out there hooked on it. It’s Joe Citizen that’s dying.”

A Country in Crisis

Here are some statistics about the U.S. opioid epidemic that really ought to get everyone's attention:

Leading cause of death for younger Americans

Drug overdoses are now the leading cause of death among Americans under the age of 50.⁷

Annual death toll greater than entire Vietnam War

Preliminary data for 2016 reveals the death toll from drug overdoses may be as high as 65,000,⁸ a 19 percent increase from 2015; the largest annual increase of drug overdose deaths in U.S. history, and a number that exceeds both the AIDS epidemic at its peak and the death toll of the Vietnam War in its entirety.⁹

That much-opposed war claimed the lives of 58,000 American troops. Now, we're suffering a death toll exceeding that of the Vietnam War each and every year, courtesy of a drug addiction epidemic created by the pharmaceutical industry.

Deadlier than breast cancer

Opioids, specifically, killed 33,000 in 2015,^{10,11,12} and 42,249 in 2016, which is over 1,000 more deaths than were caused by breast cancer that same year.¹³

Synthetic opioid abuse skyrocketing

Deadly overdoses involving fentanyl, an incredibly potent synthetic opioid, rose by 50 percent between 2013 and 2014 and another 72 percent between 2014 and 2015. Over 20,000 of the drug overdose deaths in 2016 were attributed to fentanyl and other synthetic opioids.¹⁴ In Rhode Island, New Hampshire and Massachusetts, fentanyl was responsible for at least 70 percent of all opioid-related deaths between July and December 2016.¹⁵

While some users will buy fentanyl on purpose, others buy tainted wares and end up taking it without knowing the risks. This is a critical problem, as fentanyl is so potent just a few grains can be deadly.

An inexpensive fentanyl test strip can check for the presence of the drug, and trials where test strips have been given to users show they're more likely to cut back on the amount they're taking when they know it's tainted with fentanyl. As such, fentanyl testing can be employed as "a point-of-care test within harm-reduction programs" aimed at lowering the death toll.¹⁶

Significant factor in unemployment rates

Opioid abuse has been identified as a significant factor in rising unemployment among men, accounting for 20 percent of the increase in male unemployment between 1999 and 2015.¹⁷ Nearly half of all unemployed men between the ages of 25 and 54 are using opioids on a daily basis.¹⁸

Americans use vast majority of global opioid supplies

Americans consume 99 percent of the hydrocodone sold worldwide, and 81 percent of all oxycodone – approximately 30 times more than medically necessary for the population size of the U.S.¹⁹ A number of different statistics convey this massive overuse.

For example, in a five-year span, between 2007 and 2012, 780 million hydrocodone and oxycodone pills were shipped to West Virginia, which has just 1.8 million residents.²⁰ More than 1 in 5 Americans insured by BlueCross BlueShield were prescribed an opioid in 2015, and insurance claims involving opioid dependence rose by nearly 500 percent between 2010 and 2016.²¹

Declining life expectancy

Life expectancy for both men and women in the U.S. has declined two years in a row,^{22,23} and this decline is largely attributable to the opioid crisis. Just as the opioid epidemic, declining life expectancy is a uniquely American phenomenon. No other developed countries has experienced this decline in life expectancy.

A Story of Misery

There are compelling reasons to suspect the opioid epidemic was purposely engineered by the drug companies that make them, and that these same companies have, and continue to, shy away from doing what's necessary to curb the use of opioid painkillers for financially-driven reasons.

Moreover, while this was not likely planned, the industry's misleading promotion of narcotic pain relievers appears to have coincided with a growing trend of emotional pain and spiritual disconnect, and opioids satisfy people's need not only for physical pain relief but also psychological and existential pain relief. As noted by New York Magazine:²⁴

“The scale and darkness of this phenomenon is a sign of a civilization in a more acute crisis than we knew, a nation overwhelmed by a warp-speed, postindustrial world, a culture yearning to give up, indifferent to life and death, enraptured by withdrawal and nothingness ...

[U]nless you understand what users get out of an illicit substance, it’s impossible to understand its appeal, or why an epidemic takes off, or what purpose it is serving in so many people’s lives. And it is significant, it seems to me, that the drugs now conquering America are downers: They are not the means to engage in life more vividly but to seek a respite from its ordeals ... And some part of being free from all pain makes you indifferent to death itself.”

The article cites a number of firsthand accounts of the experience [opioids](#) provides – the blissful serenity of being able to stand apart from one’s psychological pain in addition to physical pain; the sensation of being connected to some deeper wellspring of peace. These are experiences typically derived from [spiritual practices](#), and hint at a widespread lack of connectedness to the divine in general.

An Epic Failure of Government

While the drug industry deserves a large portion of the blame for creating the opioid epidemic, the U.S. government also mismanaged the situation right from the start by supporting drug companies’ efforts to make narcotic pain killers more readily available for people with nonlethal pain conditions, and its slow reaction to the problem has only allowed matters to worsen. In a recent Washington Post article, columnist David Von Drehle writes:²⁵

“With the possible exception of alcohol, no substance on Earth has a longer track record of disastrous addiction than opium and its derivatives ... Yet despite centuries of hard-won

knowledge, pharmaceutical companies and prescribing physicians were allowed to make such opioids as Percocet and OxyContin widely available as treatments not just for acute pain, but for chronic discomfort.

Their fantasy of benign long-term opioid use is the root of the epidemic. Nearly 80 percent of heroin users report that prescription pain relievers were their gateway drugs ... Such a failure of epic proportions by a generation of public-health officials merits a major congressional investigation to reduce the chance that anything like it ever happens again."

The U.S. government is further exacerbating drug use by tightening restrictions on less harmful and far safer non-narcotic alternatives such as [medical marijuana](#), CBD oil and [kratom](#). As noted by New York Magazine, "The iron law of prohibition, as first stipulated by activist Richard Cowan in 1986, is that the more intense the crackdown, 'the more potent the drugs will become.' In other words, the harder the enforcement, the harder the drugs."

[**Related Article: *Groundbreaking Study Reveals Marijuana NOT a Gateway Drug, Can Actually Treat Tobacco and Opioid Addiction***](#)

History Tells Us Prohibition Doesn't Work

During the prohibition of alcohol, people didn't turn to beer making. They started making hard liquor – moonshine. The same thing is happening now, as heroin – the street version of opioids – is being replaced with fentanyl, a synthetic opioid that is up to 100 times stronger than heroin. Users buy what they can get, and so the spiral of drug abuse and death continues spinning out of control.

"The critical Office of National Drug Control Policy has spent a year without a permanent director," New York Magazine

writes. *“Its budget is slated to be slashed by 95 percent, and ... Kellyanne Conway – Trump’s ‘opioid czar’ – has no expertise in government, let alone in drug control.*

Although Trump plans to increase spending on treating addiction, the overall emphasis is on an even more intense form of prohibition, plus an advertising campaign. Attorney General Jeff Sessions even recently opined that he believes marijuana is really the key gateway to heroin – a view so detached from reality it beggars belief ...

One of the few proven ways to reduce overdose deaths is to establish supervised injection sites that eventually wean users off the hard stuff while steering them into counseling, safe housing, and job training ...

[W]e would have to contemplate actually providing heroin to addicts in some cases, and we’d have to shift much of the current spending on prohibition, criminalization, and incarceration into a huge program of opioid rehabilitation ... We would, in short, have to end the [war on drugs](#).”

Making Drug Use Safer Doesn’t Work Either

On the other hand, the safer you make drug use, the more drugs will be misused. That’s exactly what a recent study looking the variations in timing of expanded access to naloxone found. Naloxone is a drug that can reverse an overdose if administered quickly enough.

In 2013, states began expanding access to the drug beyond trained medical professionals, and more than 40 states now have expanded access, making it available to police officers, nonmedical emergency responders, teachers and even family and friends of the addicts themselves.

While the idea behind expanded access was to prevent deaths,

by lowering the risk opioid-related overdoses shot up even more. As mentioned earlier, overdoses increased by more than 30 percent in the 14 months leading up to September 2017.

Worse, mortality increased by 14 percent in the Midwest after naloxone access was expanded, in large part due to increased use of fentanyl, which typically requires multiple doses of naloxone. Even with multiple doses, it doesn't always work. Expanded access to naloxone has also led to more opioid-related crime, including the illegal possession and sale of opioids.

Common Pain Meds Are Just as Effective as Opioids, Study Finds

Evidence suggests opioid makers such as Purdue Pharma, owned by the [Sackler family](#), knew exactly what they were doing when they claimed opioids – which are chemically very similar to heroin – have an exceptionally low addiction rate when taken by people with pain.

In fact, the massive increase in opioid sales has been traced back to an orchestrated marketing plan aimed at misinforming doctors about the drug's addictive potential. The drug's general effectiveness against pain has also been vastly exaggerated by drug manufacturers. In April 2016, the U.S. Centers for Disease Control and Prevention published a paper in which it noted that:²⁶

“Most placebo-controlled, randomized trials of opioids have lasted six weeks or less, and we are aware of no study that has compared opioid therapy with other treatments in terms of long-term (more than 1 year) outcomes related to pain, function, or quality of life.

The few randomized trials to evaluate opioid efficacy for longer than six weeks had consistently poor results. In fact,

several studies have showed that use of opioids for chronic pain may actually worsen pain and functioning, possibly by potentiating pain perception ...”

More recently, government-funded research^{27,28,29} published in the journal JAMA earlier this month confirmed that patients taking opioids did not experience better pain-related function than those taking far safer, non-narcotic pain relievers. The study is the first to compare opioids against non-opioid pain medication for people with chronic back pain or osteoarthritic pain in the hip or knee.

Contrary to popular belief, patients who took Tylenol, ibuprofen or lidocaine actually reported less pain intensity than those taking an opioid drug such as morphine, Vicodin or oxycodone. Not surprisingly, however, opioid users were far more likely to experience adverse side effects. According to the authors:

“Treatment with opioids was not superior to treatment with non-opioid medications for improving pain-related function over 12 months. Results do not support initiation of opioid therapy for moderate to severe chronic back pain or hip or knee osteoarthritis pain ... Overall, opioids did not demonstrate any advantage over non-opioid medications that could potentially outweigh their greater risk of harms.”

Treating Your Pain Without Drugs

It seems we're not going to get anywhere with this epidemic until or unless we begin to address deeper societal issues. Most areas have lost a sense of community, and social media has only deepened the gulf between us. In many ways, the opioid epidemic appears to mirror a deeper, psychological and spiritual disconnect.

It's important to recognize and address our human need for life purpose, a sense of community and shared values. There

are no quick fixes to existential despair. It will require a shift in mindset across society as a whole. With an eye on the big picture, it appears we really need to find ways to reinfuse meaning into our lives.

With regard to physical pain, we clearly need to have compassion. But the most compassionate treatment isn't necessarily a narcotic pain reliever. A number of studies have already confirmed that opioids do not work well at all for chronic pain. Most recently, they were found to be no more effective than Tylenol and ibuprofen over the long term. Opioids really must be a drug of last resort, and should almost never be considered for chronic long-term use. It's important for both doctors and patients to recognize this.

That said, considering the health risks associated with opioid painkillers, I strongly urge you to exhaust other options before resorting to these drugs. The good news is there are many natural alternatives to [treating pain](#), including the following:

Medical cannabis

[Medical marijuana has a long history as a natural analgesic](#) and is now legal in 28 states. You can learn more about the laws in your state on medicalmarijuana.procon.org.³⁰

Kratom

Kratom (*Mitragyna speciosa*) is a plant remedy that has become a popular opioid substitute.³¹ In August 2016, the DEA issued a notice saying it was planning to ban kratom, listing it as Schedule 1 controlled substance.

However, following massive outrage from kratom users who say opioids are their only alternative, the agency reversed its decision.³² Still, its scheduling remains uncertain, as the U.S. Food and

Drug Administration recently declared kratom an opioid.³³

Kratom is safer than an opioid for someone in serious and chronic pain. However, it's important to recognize that it is a psychoactive substance and should be used with great care. There's very little research showing how to use it safely and effectively, and it may have a very different effect from one person to the next. The other issue to address is that there are a number of different strains available with different effects.

Also, while it may be useful for weaning people off opioids, kratom is in itself addictive. So, while it appears to be a far safer alternative to opioids, it's still a powerful and potentially addictive substance. So please, do your own research before trying it.

[Low-Dose Naltrexone \(LDN\)](#)

Naltrexone is an opiate antagonist, originally developed in the early 1960s for the treatment of opioid addiction. When taken at very low doses (LDN, available only by prescription), it triggers endorphin production, which can boost your immune function and ease pain.

Curcumin: A primary therapeutic compound identified in the spice [turmeric](#), [curcumin](#) has been shown in more than 50 clinical studies to have potent anti-inflammatory activity. Curcumin is hard to absorb, so best results are achieved with preparations designed to improve absorption. It is very safe and you can take two to three every hour if you need to.

Astaxanthin: One of the most effective oil-soluble antioxidants known, [astaxanthin](#) has very potent anti-inflammatory properties. Higher doses are typically required for pain relief, and you may need 8 milligrams or more per day to achieve results.

Boswellia: Also known as boswellin or "Indian frankincense," this herb contains powerful anti-inflammatory properties, which have been prized for thousands of years. This is one of my personal favorites, as it worked well for many of my former [rheumatoid arthritis](#) patients.

Bromelain: This protein-digesting enzyme, found in pineapples, is a natural anti-inflammatory. It can be taken in supplement form, but eating fresh pineapple may also be helpful. Keep in mind most of the bromelain is found within the core of the [pineapple](#), so consider eating some of the pulpy core when you consume the fruit.

Cayenne cream: Also called [capsaicin cream](#), this spice comes from dried hot peppers. It alleviates pain by depleting your body's supply of substance P, a chemical component of nerve cells that transmit pain signals to your brain.

Cetyl myristoleate (CMO): This oil, found in dairy butter and fish, acts as a joint lubricant and anti-inflammatory. I have used a topical preparation of CMO to relieve ganglion cysts and a mild case of carpal tunnel syndrome.

Evening primrose, black currant and borage oils: These oils contain the fatty acid gamma-linolenic acid, which is useful for treating [arthritic pain](#).

Ginger: This herb is anti-inflammatory and offers pain relief and stomach-settling properties. [Fresh ginger](#) works well steeped in boiling water as a tea, or incorporated into fresh vegetable juice.

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