

Over the course of the past decade, Florida has emerged on the national stage with its ever-increasing healthcare plight: The Opioid Crisis. In a statement released in early May 2018, Florida’s Attorney General, Pam Bondi, recognized the current Opioid Crisis in Florida as “an epidemic that is now killing fifteen Floridians a day” (Swisher, 2018). An undeniable social and political dilemma, Florida’s current condition regarding opioid addiction is one that requires immediate wide-scale intervention and substantial widespread action. I firmly believe that a growing public awareness is essential to establishing a grasp over the opioid wildfire that is consuming our generation. Furthermore, it is my belief that alternative pain management plans and the initiation of carefully regulated opioid prescribing tactics be written and implemented in order to try to control this current, cultural crisis.

Knowledge is power. With regards to Florida’s current Opioid Crisis, increased public knowledge and exposure provide individuals with the ability to recognize and prevent opioid abuse, addiction and death. Through this increased level of awareness, local voices become the vehicles for national action and viable, regulatory change. In one such example of public exposure promoting change, the insurance company Aetna recently announced its funding of a multi-state initiative to help combat the opioid epidemic by means of assisting in the rehabilitation and recovery of opioid addicts. This project is oriented to support the “direct transition of overdose patients from emergency rooms to community-based treatment” as well as, helping “informal networks of recovery groups gain accreditation so people in recovery have more support, from behavioral health to housing services, as they rebuild their lives” (Freeman, 2018).

Another example of an opioid-oriented initiative is that of Florida’s Opioid State Targeted Response Project. This is a program that has been “designed to address the opioid crisis by providing evidence-based prevention, medication-assisted treatment, and recovery support services” (“Florida’s Opioid State Targeted Response Project”, 2014). The objective of this project is that of “reducing opioid-related deaths, preventing prescription opioid misuse among young people, increasing the number of individuals trained to provide medication-assisted treatment and recovery support services, and increasing access to medication-assisted treatment among individuals with opioid use disorders” (“Florida’s Opioid State Targeted Response Project”, 2014). It is through such efforts to adequately treat and provide a supported multi-level recovery that we may be able to prevent further abuse and death from opioid addiction by providing individuals with the tools to help themselves and potentially, those around them.

While increased public knowledge is essential to raising awareness regarding the Opioid Crisis at hand, I believe that any tactic implemented in targeting lasting change must be analyzed from the perspective of today’s medical practices and their current pain management procedures and prescribing protocols. An undeniable aspect of modern healthcare, the role of pain management and medication is one that has grown increasingly regulated in recent years with growing oversight from regulating bodies, pharmacies and other healthcare providers. In fact, according to Skyler Swisher, “before a crackdown seven years ago, Florida was known as the

nation’s pill mill capital, where doctors handed out oxycodone and other powerful painkillers like candy at storefront clinics” (Swisher, 2018). And thus, amidst the raging Opioid Epidemic, the call for stricter regulations, specifically concerning a physician’s prescribing power for controlled substances, has been under growing scrutiny.

Controlled substances - a necessary evil. Like all other medications, opioid prescriptions have a very specific purpose. When used appropriately and under direct physician supervision, prescription opioids are used predominantly to treat moderate to severe pain for a short period of time. According to the National Institute on Drug Abuse, prescription opioids affect the brain of the individual taking it by binding to and activating the “opioid receptors on cells that are located in many areas of the brain, spinal cord and other organs in the body, especially those involved in feelings of pain and pleasure. When opioids attach to these receptors, they block pain signals sent from the brain to the body and release large amounts of dopamine throughout the body. This release can strongly reinforce the act of taking the drug, making the user want to repeat the experience” (National Institute on Drug Abuse, 2018). Chronic misuse of prescription opioids can lead to a substance use disorder and even opioid addiction, in the most severe cases (National Institute on Drug Abuse, 2018). With opioid addiction on the rise, it is imperative that we establish a detailed protocol by which to prescribe and regulate a patient’s controlled dosage of opioid prescriptions. And due to the highly addictive nature of this category of substance, it is essential that we re-evaluate the measures by which we initiate pain management and assess to see if alternative measures and methods can be utilized as an opioid-alternative to short-term control for moderate to severe pain.

As it stands, the current state of Florida’s Opioid Crisis is not one that can be alleviated overnight. Multi-faceted changes must be implemented over the course of multiple institutions from the public to the regulating sector. Greater public awareness must be brought to the specific medical role and to the risks of opioid use as well as, to the means by which to actively identify misuse and addiction. Furthermore, I believe that we, as a medical community, must strive to seek out alternative pain management plans and to pinpoint effective opioid alternatives. Lastly, it is in my opinion that we continue to actively regulate and re-evaluate the prescribing laws for opioids and any other highly-addictive controlled substances in order to best eradicate this epidemic and to potentially prevent another similar controlled substance crisis before it is even started.

**Resources:**

Florida's Opioid State Targeted Response Project. (2014). Retrieved July 31, 2018, from <http://www.myflfamilies.com/service-programs/substance-abuse/samh/treatment/opioidSTRP>

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National Institute on Drug Abuse. (2018, June 07). Prescription Opioids. Retrieved July 31, 2018, from <https://www.drugabuse.gov/publications/drugfacts/prescription-opioids>

Swisher, S. (2018, May 15). Florida sues drugmakers, distributors over opioid epidemic. Retrieved July 31, 2018, from <http://www.sun-sentinel.com/news/florida/fl-reg-opioid-purdue-lawsuit-florida-20180515-story.html>