The Opioid Crisis in America: How it is Hurting Our Youth

An Honors Thesis (HONR 499)

by

Olivia Vieyra

Thesis Advisor

Dr. Emily Rutter

Ball State University

Muncie, Indiana

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Abstract

This thesis is a research paper about the opioid crisis in America with a focus on how it is hurting our youth. Questions that the independent research centered around are: What is the opioid crisis and who is it mostly affecting; Who is raising the kids whose parents are addicted? Foster homes, grandparents, other relatives, or are they living in the homes with parents still; Does the crisis leave a financial burden on the economy? If so, how much and in what aspects; and what can Americans do to stop the crisis? Although I am not a child impacted by the opioid crisis, I am a child affected by drug addiction; so, this thesis has a personal connection to me, and I hope that connection and my education as a legal studies major will help me raise awareness that the U.S. opioid crisis is still relevant to Americans and propose a solution to the issue.

At first this thesis will look at the opioid crisis as a whole – looking at the impact it has and both the federal response as well as states' response to it. Then we will narrow the scope of the crisis to youth specific impacts; ending with a solution that not only governments can implement but all Americans can execute to minimize the impact of the epidemic.

In this thesis you will find that the medical and foster care systems take on much of the financial burden left by the epidemic, as well as that there is no one, clear solution to finding an end to this crisis that America is currently facing. These findings were revealed by qualitative data and analyzing secondary data.

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Process Analysis Statement

I first began the research process with a desire to have my honors thesis project to be meaningful to me, but also relevant to America. This led me to look at my own life and determine what events have made me who I am today – having a parent who was an addict, and having my grandparents raise me. This reflection on my own life made me begin to wonder what happened to other children in similar situations. However, I chose to focus on the opioid epidemic to narrow my research – compared to researching all drug addictions – and also because I found it interesting that this epidemic largely began from a misuse of legal prescriptions. Once I decided on my topic, I came up with a few key questions to guide my research. These questions were: (1) what is the opioid crisis, (2) who is raising the children whose primary guardian is addicted, (3) what is the financial burden of the crisis, (3) and what can Americans do to stop the crisis? After coming up with these guiding questions, I realized that I didn't necessarily want the entire thesis focused on just the opioid crisis but rather an explicit group – the youth in America. Ultimately, I chose the youth in America to narrow my topic because I saw myself in that group, and my future career aspiration is to become a family law lawyer who focuses on advocating for children.

Through writing this thesis I realized that my future career aspiration is plausible. Before this process, I was doubting if I could truly advocate for children and do them justice. I had a fear that my personal experiences would get in the way and my emotions would overcome my knowledge and ability. However, I found that my personal experiences are actually what motivate me and what makes me want to make a difference – a positive difference. Children who have their primary guardian addicted to opioids do not choose that, many are born into it and

others view it as an unwelcome change into their once relatively "normal" lives. These children are then forced to take on the negative consequences of their parent's actions – removed from their home, forced to change schools, leave behind friends, and often an unknown future is created. These children often lose their voice when they are removed from the home and then are moved from one foster home to another. They do not get to speak to the judge over their custody case, give their input where they want to live, and often do not get a say in if they are ready or not to have visitation with their parent that might have verbally abused them. Their future is often left to the adults residing over their child protective service case. Although technically, I would be one of those adults over the case, I would want the child to feel like (s)he has a say on what happens and can make their future what they choose to make it.

Throughout the process of writing this thesis I learned that I learn best when I have the ability to thoroughly highlight and annotate readings. Through these annotations I was able to connect ideas made in different journals, as well as my own experiences. I also learned that through the process it is often common to have to revise your guiding questions, and that is okay. When researching it is not always possible to find supportive data of an idea that you had, and sometimes that fact you thought was true may not be.

The main challenge throughout the process of writing this thesis was finding a solution. As I researched, I found a plethora of solutions, but all seemed to be ultimately ineffective. Due to the ineffectiveness of an abundance of scholarly solutions, I realized that proposing one of my own would be more difficult than I thought. I then analyzed each solution already proposed, as well as ones my own parent attempted, and dared to propose a new one. Ultimately though, I concluded that because of the complexity of the issue, there is likely no one clear-cut solution to

end the opioid crisis effecting America; but rather little steps that each American can take to help combat it and help minimize the impact on our youth.

After finishing my thesis, I would like to think that it will bring back awareness to the opioid crisis impacting America; it has not gone away, and it will not go away on its own. By not recognizing the negative impact still being made by the epidemic those effected, the children, are left feeling vulnerable and helpless. I also hope that this thesis is a call to action, to help those who need it most. One does not have to take a national approach to solve the problem, but rather simple, daily actions taken in one's own community may be what makes the most change.

The Opioid Crisis in America: How it is Hurting Our Youth

Introduction

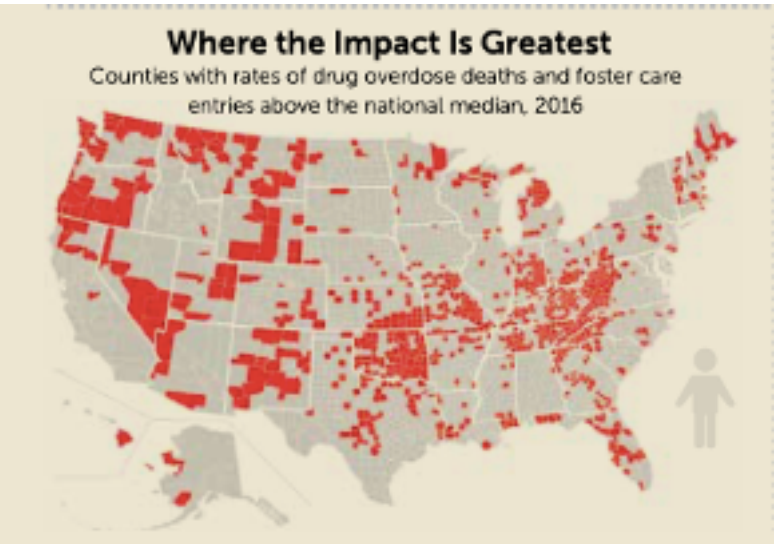
Beginning in the nineties, pharmaceutical companies reassured the medical community that individuals prescribed opioid pain relievers would not become addicted to them. This reassurance led to doctors to begin to prescribe them at significant rates. As increased prescriptions of opioid medications began to be prescribed it led to a widespread misuse of both prescription and non-prescription opioids before it became clear that these medications could indeed be highly addictive. This epidemic has continued to escalate, and in 2017 the U.S. Department of Health and Human Services announced the opioid crisis in America to be a public health emergency. Opioid abuse now represents one of the deadliest threats to the public health that is preventable in the United States; and in 2014 overdose deaths exceeded automobile crash deaths. In addition to the abuse of prescription medication, opioid users often begin to use and become addicted to heroin – a highly addictive opioid drug made from morphine, increasing their chances of overdose. In 2015, there were over two million Americans suffering from addiction to prescription pain relievers and an additional 500,000 had a heroin-related opioid use disorder (Hodge Jr., Wetter, Chronister, Hess, & Piatt, 2017). Just one year later, in 2016, this number increased to twelve-million Americans misusing prescription opioids and 914,000 using heroin regularly (Hodge Jr., Wetter, Chronister, Hess, & Piatt, 2017). This high misusage of opioids and heroin have led to nearly 600,000 Americans to die already and an average of almost 150 more Americans losing their life each day (Hodge Jr., Wetter, Chronister, Hess, & Piatt, 2017). To put these alarming statistics into perspective, Americans account for less than five percent of the world's population, but we consume eighty percent of all opioids produced globally.

Today common misused prescribed opioid medications often contain hydrocodone, oxycodone, morphine, codeine, and fentanyl (Misuse of Presciption Drugs Research Report, 2020). Prescription medications containing hydrocodone are often the most commonly prescribed opioid in the United States due to dental and injury related pains. Opioids often create a substance abuse disorder in patients because in addition to relieving pain, they also cause a chemical euphoria in the reward region of the brain. Overdose of opioids is a danger of misuse because the chemical compound of the medication interrelates with the medulla – the part of the brain stem that controls breathing - so when an individual takes too much of the substance they risk suppressing their breathing enough that (s)he suffocates (Misuse of Presciption Drugs Research Report, 2020).

Impacted Areas

Now that we know what the opioid crisis is, we can begin to examine who the crisis is mostly affecting. In some way, all states in America have been impacted. In a map, by Meghan McCann, a senior policy analyst, you can see where the crisis is most active; all states, including Alaska and Hawaii have at least one county with drug overdose deaths and foster care entries rates above the national median.

Figure 1: *Where the Impact is the Greatest*



From *McCann, M. (2018, June). Drug Abuse and Child Welfare. State Legislatures.*

Some states have more of an impact then others – “Ohio, West Virginia, Pennsylvania, New Hampshire, and the District of Columbia is Ground Zero of the opioid crisis” (Weeks & Sanford, 2019). These states are predominantly impacted by the epidemic due to many of their communities having opioid manufacturers ship an estimated ten thousand pills per day to a single pharmacy. These pills are then prescribed to individuals through “pills mills” and then distributed to other opioid users often through illicit sales (Weeks & Sanford, 2019). Pill mills are illegal facilities that resemble a regular pain clinic, and regularly prescribe opioids to an individual without learning sufficient information about their medical history, performing a physical examination, diagnosis, medical monitoring, or documentation. Pill mills are easily created due to pain clinics being required to register within the state located in only one-third of the United States (Wickramatilake, et al., 2017).

Ohio alone, has one of the highest overdose rates over any state with an estimated 100,000 Ohioans alone abusing painkillers or heroin each year. In 2017, one out of every nine U.S. heroin deaths occurred in Ohio (Lurie, 2017). Ohio is so largely impacted because once buzzing streets have now become vacant storefronts and fast-food chains, that offer little to no opportunities for growth. For many counties in Ohio their landscape is filled with farming fields, trailer parks, and junkyards; this lack of business and employment creates a financial downturn. Ohio also has one in three kids living in or below the federal poverty line and less than half of adults obtaining a high school education, which adds to the increased overdose rate. (Lurie, 2017). Common jobs that are available in Ohio include mines, lumberyards, and factories; individuals working in these fields are often more likely to experience workplace injuries which then leads many of them to be introduced to painkillers like OxyContin and Vicodin (Lurie, 2017).

Not only has this epidemic impacted geographical locations in the United States, but it has also impacted certain professions. Healthcare workers are impacted by being on the frontline of the crisis and treating individuals suffering from addiction, social workers by the removal of children when primary caregivers are addicted to opioids, but one profession that often gets overlooked are teachers. Teachers all across the United States have had or know of a student who is impacted by the crisis. This knowledge of students suffering from the impact of the opioid epidemic affects the teacher even if they do not personally know the entire situation of the student's exposure. In the article, "Coping with the opioid crisis: Teachers need support, right now" seventy-nine percent of the educators interviewed by Kathryn Welby, director of teacher preparation and assistant professor of practice at Merrimack College, said, "that their students' exposure to opioid addiction added to their own stress and trauma". This extra stress is added on to their personal stress because teachers often "take on the responsibility of trying to minimize their student's suffering, neglect, and anguish that they feel" due to being victims of the opioid epidemic (Welby, 2019). When the teacher has a failed attempt to trying to save a student, they are often left with the feeling of hopelessness (Welby, 2019).

Impact on Youth

Children who have a parent addicted to opioids are impacted by this crisis very early on. For some, the impact begins at birth. It has been estimated that every twenty-five minutes a baby is born dependent on drugs, making them suffer from Neonatal Abstinence Syndrome (NAS). (O'Connor, 2019). In Tennessee in 2013 alone – four years before the crisis was considered a public health emergency – at least eight-hundred babies were born with Neonatal Abstinence Syndrome (O'Connor, 2019).

Neonatal Abstinence Syndrome is no doubt impacting our youth, but what is it exactly? Neonatal Abstinence Syndrome occurs when a baby is exposed to certain drugs in the womb and then is born with a group of problems that can have a wide range of side effects. Side effects of NAS often "include excessive high-pitched cry, reduced quality and length of sleep after a feeding, increased muscle tone, tremors, convulsions, as well as dysregulation of sweating, yawning, and sneezing" (O'Connor, 2019). Side effects can also include "increased respiration and gastrointestinal signs such as excessive sucking, poor feedings, regurgitation or vomiting, and loose or watery stools" (O'Connor, 2019). Infants suffering from Neonatal Abstinence Syndrome are withdrawing from opioids at an increased rate since one in five women in America are now consuming opioids, whether through a prescription or an illicit sale during their pregnancy. (O'Connor, 2019). This statistic becomes even more alarming when paired with the fact that over twenty-five percent of females in America of reproductive age are prescribed painkillers each year, which significantly contributes to the prevalence of opioid use among pregnant women. (O'Connor, 2019). The opioid epidemic America is currently facing is not all due to illegal activity as often perceived but may also be due to poor systems currently in place. Unfortunately, because this widespread of Neonatal Abstinence Syndrome is still relatively new, we do not know the long-term extent on children's health of those who suffer from it when born; however, it is uncontested among professionals that the majority of newborns who have been exposed to opioids in the womb will experience withdrawal when born. (O'Connor, 2019).

It is also known that Neonatal Abstinence Syndrome can cause weakness in language, neurodevelopmental, cognitive skills and behavioral problems (Welby, 2019). This has been supported with the results of a recent study of primary school age children who were exposed to opioids in utero which showed "motor and cognitive impairments and/or inattention or

hyperactivity including higher instance of Attention-Deficit/Hyperactivity Disorder (ADHD)" (O'Connor, 2019). Children with ADHD find it difficult to pay attention, have poor planning skills, and may be considered impulsive. There have also been studies that have found that children whose parents abuse drugs often have "enlarged amygdala, the brain's fear center; decreased functioning of the nucleus accumbens, the brain's pleasure and rewards center; and less activity of the prefrontal cortex, which oversees a child's ability to control impulses and pay attention" (Lurie, 2017).

As studies have shown, children whose parents abuse opioids endure an alteration in brain structure and brain function; so, it comes to no surprise that these youth suffer from an increased chance of having emotional, behavioral, and cognitive disabilities due to many of them experiencing trauma, neglect, abuse or abandonment (Welby, 2019). Parents who misuse opioids are commonly less emotionally available or responsive to their children's needs, causing attachment issues in the next generation of Americans. To develop a secure attachment, a child needs the primary caregiver to be responsive to his/her emotional needs; this response is particularly important during periods of stress or intense emotional needs. A secure attachment is important to youth because it helps children develop "cause-and-effect thinking and understand and regulate feelings such as hunger, fatigue, stress, or sadness" (Hodge Jr., Wetter, Chronister, Hess, & Piatt, 2017). A child with a secure attachment also has "stronger social skills, better ability to regulate emotions, and higher self-efficacy and self-esteem" compared to their peers with insecure attachment (Hodge Jr., Wetter, Chronister, Hess, & Piatt, 2017). An insecure attached child often has more difficulties with interactions with peers, behavior problems in school or learning issues (Hodge Jr., Wetter, Chronister, Hess, & Piatt, 2017).

There are three types of insecure attachment that professionals diagnose children with. They are ambivalent attachment, avoidant attachment, and disorganized attachment (Mirick & Steenrod, 2016). A child with an ambivalent attachment often views relationships as important and valuable but they have learned that the attention from their primary caregiver is unpredictable and they will not be able to always get their needs met from said caregiver (Mirick & Steenrod, 2016). This insecure attachment frequently develops when the primary caregiver is only sometimes receptive to the child's needs. The child often desires the attention from the caregiver but also at times rejects it; commonly causing them to have anxiety when the caregiver leaves and not always being comforted when the caregiver returns (Mirick & Steenrod, 2016). Children with ambivalent attachment will often do whatever it takes to get their primary caregivers' attention even if that means negative behavior and negative attention.

Avoidant attachment, the second type of insecure attachment, occurs when a caregiver is consistently unaware of a child's needs (Mirick & Steenrod, 2016). This attachment causes a child to not value relationships and does not concern themselves with trying to get the caregiver's attention, not even negative attention. Children with avoidant attachment do not exhibit distress when they are removed from their caregiver's care and do not seek comfort from the primary caregiver when are together because they do not believe they will get their needs met by them (Mirick & Steenrod, 2016). A child with avoidant attachment often has poor social skills, making it difficult for them to "make friends, read social cues, and respond to others" appropriately (Mirick & Steenrod, 2016).

The third type of insecure attachment a child can develop if their primary caregiver abuses opioids is disorganized attachment. Disorganized attachment occurs when the caregiver is both unaware of the child's needs and frightening or unsafe (Mirick & Steenrod, 2016).

Disorganized attachment is often the most severe and most detrimental to a youth. Children suffering from disorganized attachment often have neglect in the home and endure physical abuse from a caregiver or caregiver's acquaintance. The child is often unable to develop an effective and functional strategy to get their basic demands met because the caregiver they want to or are supposed to turn to for safety and comfort is also the source of fear (Mirick & Steenrod, 2016). A child suffering from disorganized attachment sees no value in relationships and thinks that such a thing is frightening and painful.

Not only are American youth impacted by the opioid epidemic on a psychological level, but they are also impacted by it with a lack of resources available to them. There is a lack of caseworkers to handle the increasing volume of children entering the foster care system, a lack of foster care homes to take in the displaced children, and a shortage of funding to fill the gaps between the other lack of resources and the increasing demand of children needing help (Diers, 2017). The lack of caseworkers is especially concerning because for many youth they are the first line of hope for help. This lack of caseworkers also creates additional stress for the caseworkers still working on the front-line of the crisis because they are forced to pick up additional cases – which often leads to more turnover creating a vicious cycle. Other reasons why a lack of caseworkers is especially concerning is because the front-line workers are facing secondary trauma, creating a higher turnover, and additional cost in hiring and training new workers (Diers, 2017).

An additional way the opioid crisis is hurting our youth is the lack of support parents addicted to opioids receive. For many parents suffering from addiction, treatment is often not readily available to them causing a greater chance of parental rights being terminated. This lack of treatment often causes opioid users to have a longer recovery with a greater chance of relapse

compared to other drug addicts (Diers, 2017). If a parent is able to get into treatment in a relatively quick manner and a relapse happens the parent often faces legal trouble and in some cases incarceration. If a parent becomes incarcerated, it ultimately causes a longer and, in some instances, a more permanent separation between child and parent which can lead to an insecure attachment or other cognitive impacts mentioned previously.

Stepping Up to Raise the Children

Due to the misuse of opioids numerus parents are unable to provide adequate care for their children. Which leads me to wonder who raises the kids whose primary caregiver abuse opioids? Ultimately the answer to this question is foster care homes. In the fiscal year 2016, the second leading cause for removal of a child was drug abuse; these children are then often entered into the foster care system where they are either placed in a foster home or if one is not available a group home (McCann, 2018). This impact of drug abuse by primary caregivers on the foster care system became relevant in 2015 when the Adoption and Foster Care Analysis and Reporting System began reporting "drug abuse of a parent" separately from "alcohol abuse of a parent" (McCann, 2018).

For some kids impacted, they may be fortunate enough to skip the foster care and group homes and find guardianship and refuge with a family member – such as an adult sibling, aunt, or uncle. For my siblings and I it was our grandparents. These relatives who step up to help the youth impacted by the addiction of their parent are often obligated to take on not only the extra financial burden of raising a child, but also takes on the additional responsibility of extra-curricular activities, the school-age drama, and the late nights of worrying if they are providing enough love and support to make up for the lack of it from the child's parent. But often what

these relatives don't realize is that they give the child a hope for the future, and life with less pain and hurt.

Financial Burden on the Economy

It is clear that the opioid epidemic is impacting our youth and those addicted to the opioid in more ways than one, but what is the financial burden that has been placed on America by it? In 2015, the U.S. Council of Economic Advisor's Report in *The Underestimated Cost of the Opioid Crisis* estimated that the opioid epidemic cost an estimated, adjusted for inflation, $504 billion (Weeks & Sanford, 2019). The CEA calculated this estimate by using an age-dependent calculation – which assumed "individuals between twenty-five- and forty-four-years old place the greatest value on fatality risk reduction, while those between ages eighteen to twenty-four and forty-four to sixty-two, place lower values on risk reduction." (Weeks & Sanford, 2019). The CEA also calculated that a single individual addicted to opioids can cost his or her community approximately $30,000 in a single year. This individual, estimated average multiplied by the 2.4 million individuals suffering from opioid disorders in 2015 equates to an estimated $72.3 billion in nonfatal opioid misuse (Weeks & Sanford, 2019).

In 2017, Jeff Sessions - the former U.S. Attorney General - recognized the significant burden that the opioid epidemic has had on federal resources, estimating that the crisis had already cost the government $115 billion and $1 trillion since 2001. Mr. Sessions predicted that it would cost the federal government "an additional $500 billion in opioid-related costs over the next three years" (Weeks & Sanford, 2019). By 2018, just one year later the "estimated costs to the U.S. economy from the epidemic rose to $631 billion" (Neville & Foley, 2020). No estimate

is totally accurate due to some costs being tracked as different expenditures, but it is clear that the opioid crisis leaves a financial burden on the American economy.

There are four common areas that are incorporated into the economic burden of the crisis – medical, foster system, criminal justice system, and workforce. Medical care costs, which is commonly the largest expense equaled over one-third of the total estimates in the 2015 CEA report, which amounted to $28.9 billion (Weeks & Sanford, 2019). One reason for this high cost in medical treatment is due to the frequency of Neonatal Abstinence Syndrome growing fivefold since 2000 (Welby, 2019). Infants born with NAS tend to have longer hospital stays than infants born not experiencing withdrawal; on average a newborn experiencing withdrawal stays in the hospital for an estimated fifteen days compared to a healthy newborn who commonly only stays three days. This cost alone raises the estimated total for caring for a baby exhibiting NAS symptoms nearly five times more than the cost of caring for a baby who does not exhibit symptoms (O'Connor, 2019). If the infant is born with additional defects this medical expense could increase. In 2012, "NAS treatment cost approximately $1.5 billion more in national health care charges"; and Tennessee has estimated that the cost for caring for an "average" infant is around $8,369, while the care for an infant with Neonatal Abstinence Syndrome is $62, 324 (O'Connor, 2019). Medical care costs caused by the opioid crisis are also a large part of the economic burden due to Medicaid spending for addiction treatment increasing 136% from $400 million in 2011 to $930 million in 2016 (Hodge Jr., Wetter, Chronister, Hess, & Piatt, 2017). This increase is a result of a majority of opioid misusers having insurance through the government –Medicare, Medicaid, SAMHSA and CHAMPVA – these federal costs accounted for nearly fourteen percent of the financial strain associated with the epidemic (Neville & Foley, 2020).

The second area of the economy that is impacted from the opioid crisis is the foster care system. Due to the epidemic, there were thirty-thousand additional youth in the foster care system in 2015 than there were in 2012 – which creates a projected eight percent increase (Lurie, 2017). In Ashtabula County, Ohio the number of children in the foster care system quadrupled from sixty-nine in 2014 to two-hundred-seventy-nine in 2017 (Lurie, 2017). Ashtabula County's – and the rest of the country's – tipping point in the increase in children entering the foster care system came around six years ago when illicit fentanyl started making its way into the heroin supply. This illicit fentanyl is an opioid that is up to one-hundred times more powerful than morphine, causing an increase in mortality to occur (Lurie, 2017). This increase in death of primary guardians leads to additional kids entering the system, at an indefinite status. In some states like Texas, Florida, and Oregon the increase has been so drastic that children have had to spend nights sleeping in state buildings until a foster or group home could be made available for them. The foster care system leaves an additional burden on the economy due to the children entering the system are also likely to remain in it longer if their guardian uses opioids over if their guardian were to be addicted to alcohol, methamphetamine, or cannabis (Hodge Jr., Wetter, Chronister, Hess, & Piatt, 2017). The longer a child is in the system, the more of a financial burden is placed on the economy. To make matters worse, many states are unable to fund foster care programs through their own budgets, causing the federal government to endure more of the expenses. Ohio, for example, is one of many states that have a flatline of funding for children's services – which exposes a risk to the services as a whole because such funding is responsible for paying foster parents and providing counseling for the kids (Lurie, 2017).

The third area of the economy that has taken on the economic burden of the opioid crisis is the criminal justice system. Elizabeth Weeks and Paula Sanford, authors of "Financial Impact

of the Opioid Crisis on Local Government: Quantifying Costs for Litigation and Policymaking" – in which they examined local governments and the financial burden placed on them by the crisis – found that the increased costs on the system due to the epidemic was estimated to be $7.7 billion. The reason for this increase in cost is additional "police protection, legal and adjudication, correctional facilities, and property loss due to crimes" (Neville & Foley, 2020). Indiana's criminal justice system has taken on an additional cost by creating a full-time force whose primary focus is to conduct criminal interdiction efforts to disrupt the flow of drugs and other contraband from reaching Indiana communities. Between January 2017 – December 2018 this force has seized 93 kilograms of heroin and 19 kilograms of fentanyl – a common opioid. Indiana has also taken on additional costs of arrests due to offenses related to opioids. On Indiana.gov, Indiana's government website, an arrest dashboard is provided to uncover insights and trends local to counties related to the opioid epidemic and other public safety concerns. The dashboard is refreshed daily and provides statistics ranging from 2018 to present. In 2020, Indiana police registered 3,3884 offenses related to opioids; for those offenses that have turned into imprisonment, the State of Indiana can take on an estimated additional cost of $52.61 per day - $19,202.65 per year – that an individual is incarcerated.

The fourth common area that is incorporated to the financial impact created by the epidemic is the workforce. Due to a plethora of Americans relying on opioid usage a decrease in productivity in the force has been created. Lost productivity costs consist of "(1) premature death from prescription opioid abuse or dependence, (2) reduced productive hours due to opioid abuse and dependence, and (3) incarceration" (Weeks & Sanford, 2019). This lost in productivity is estimated to have cost the economy $20.4 billion.

Solution

It is not enough to just acknowledge the opioid crisis impacting America today, rather we also need to implement a solution to help the future generations being immensely impacted. In order to conquer the epidemic America is currently facing we must first examine the "solutions" currently in place and decide on their overall effectiveness. Only then, can this thesis propose a new one.

Currently, the main solution that is in effect are prescription drug monitoring programs. These programs – which nearly all states have – "collect, monitor, and analyze electronically transmitted data on prescribing and dispensing as submitted by pharmacies and dispensing providers" (Wickramatilake, et al., 2017). Their intent was to assist prescribers in identifying patients who were "doctor shopping" (Wickramatilake, et al., 2017). Doctor shopping is when an individual visits multiple physicians to obtain multiple prescriptions or the medical opinion that they want to hear. However, even though nearly all states have a program as described in place, approximately only half of those states have passed legislation that requires opioid prescribers or dispensers to report to the program (Wickramatilake, et al., 2017). Without every opioid prescriber, effectively reporting to the program the patient is given the opportunity to go to one doctor after another complaining of pain in order to receive additional pain relievers to satisfy their addiction. When reviewing prescription drug monitoring programs, it was also found that majority of state agencies, regarding alcohol and drug usage, rarely oversaw such programs. This creates a lack of accountability because even if one prescriber knew that a patient was "doctor shopping" there would be no evidence to hold the prescriber accountable for continuing to prescribe opioids, which could result to the patient's death due to overdose. Without concise

legislation the current prescription drug monitoring programs implemented by the states is largely an ineffective solution to the opioid crisis.

Another solution that has been implemented in hopes to slow the epidemic is the criminalization of maternal drug use. Three states – Tennessee, South Carolina, and Alabama – have enacted this legislation in an effort to overcome the challenge of the growing number of infants being born with Neonatal Abstinence Syndrome due to their mother using opioids during the pregnancy. This law has only been implemented in three states due to many state courts ruling "that criminal child abuse statutes cannot apply to a pregnant woman's drug use because a fetus is not a child under the law" (O'Connor, 2019). The lack of ability to get states on board with this new law creates this to be an ineffective solution to the crisis. The criminalization of maternal drug use is also an ineffective solution because the law deters women from seeking prenatal care in fear that they will lose custody of their unborn child because of their drug use. These laws have led women "to avoid doctor appointments, seek medical attention in later stages of their pregnancy and in some circumstances seek health care in other states to avoid sentencing" (O'Connor, 2019).

In order to make the spread of the opioid epidemic to stop, Americans first need to have a change in perception by society toward those who are drug dependent. The negative stigma towards opioid addicts dramatically impacts their treatment, recovery and usually ultimately leads to relapse. Opioid dependency no longer only impacts the lower socioeconomic class and is no longer a sign of moral shortcoming; therefore, if society as a whole begins to view addiction as a disease of the brain, individual's abusing opioids will begin to be treated with respect and compassion. A change in perception by society may also allow vulnerable youth to have an ease

of mind that they are not alone in the situation that they are facing; and allow reassurance that they will have the support needed to get through the difficult time.

Along with a change of perception, the American justice system needs to change how they "help" those addicted to opioids. Currently, the system relies heavily on incarcerating the addict until they can get clean and become productive members of society again; this can lead to two issues. First, the constant incarceration from drug usage can lead to an overcrowding of jails. Many jails across America are already filled over their capacity, making the already limited resources available to the prison even more stretched out. Sentencing individuals to jail for drug offenses creates an additional issue for many county's because drugs are now finding their way into the jails. Many opioid misusers' brains goes through a chemical imbalance, which creates the reliance on drugs in order to "function". When this imbalance occurs, one cannot expect an addict to quit the thing that makes them feel good. Therefore, the addict finds a way to get said product in order to feel the high again. In the television series *60 days in*, county jails across the United States ask participants – who have never been charged with a crime – to go undercover and act as an inmate in the jail. At the end of the participants stay, 60 days is the goal, but the participants can leave the program before if they feel endangered, the participant tells the sheriff all the things that the jail can improve on. In the first three seasons of the series one major issue the jails were facing was the smuggling of drugs into the cells. The participants found that many inmates were getting high by hiding their prescribed medication under their tongues when the correctional officers gave it to them, and then taking it back to their cell, crushing it and snorting it to achieve the high. Other ways the participants discovered drugs entering the jail was having illegal substances sent in through the mail; and one participant even discovered inmates getting

drugs in through the laundry system. The constant incarceration of those misusing opioids also leads to youth being placed in the foster care system more permanently.

An alternative solution to trying to get opioid misusers to become productive members of society again is rather then incarcerating them the court should require them to immediately enter a rehabilitative program. Although the current programs in place are a step in the right direction for combating the crisis some changes first must be met in order to make it an effective solution. For one, counties and states must have the resources in order to run effective rehabilitative programs, and to be able to offer such programs to a numerous amount of people if the incarceration step is to be skipped. These programs need to be readily available, therefore some states may need to reconsider their budgets to ensure this or create legislation that allows for rehabilitative programs to become a part of the private sector in order to create funding. The justice system also needs to ensure that all rehabilitative programs within their state have thorough guidelines to follow in order to ensure that the program is succeeding in what it set out to do - help addicts become functioning members of society again.

One in-residence rehabilitative center in Kentucky – that will remain unnamed for privacy concerns – claims their mission is to "focus on the restoration and reconciliation of men and women to Christ through biblical truths, accountability and life skills. Through this, we are transforming individuals into positive contributors to society." However, the individuals seeking help through the program are not able to use the internet which makes it hard to find a job in the way society is set up today, can only use the house phone for fifteen minutes at a time, making it difficult for them to take care of legal matters an individual maybe facing, and often creates discouragement and ill feelings within members of the home because there is often favoritism shown among center individuals by those in charge. If a government agency focusing on the

epidemic were to create a set of guidelines for the rehabilitative program to follow some of these issues the one in Kentucky is facing may be avoided, making the recovering addicts feel more supported and better prepared in becoming active members of society once again and in time can be reconnected with their child.

There is no clear-cut solution to the opioid crisis America is currently facing, as it is a complex issue that differs with each individual. But there are steps that both the federal and state governments can make to help combat it. There are also steps that you as an individual can take. If you know of someone who is suffering from addiction or has a family-member suffering contact them and send positive encouragement, volunteer at your local Boys & Girls club or other youth-centered association and become a mentor to a child who is impacted from the epidemic. By becoming a mentor, the child impacted has the opportunity to build a relationship based on trust, and safety; through the relationship the child also has the possibility of learning that they do not have to follow their parent's footsteps and instead become what they desire. Whatever you do, do not believe that the matter does not concern you because the crisis is impacting all Americans in some way.

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