**Drug Addiction**

Student's Name

Institutional Affiliation

Course Name

Professor's Name

Date

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Currently, opioids addiction is a significant public health concern In the United States. Opioids also referred to as narcotics comprise of drugs that include strong doctors' prescriptions such as hydrocodone, tramadol, oxycodone, pain relievers, and other non-doctor prescriptions as heroin. Although many opioids are synthetic, others are made from the opium plant. Doctors often prescribe opioids to mitigate pain, especially after major surgery or injury. Conventionally, opioids are chemically related, and diffuse into the body through interactions with the opioid receptors on a human's nerve cells in the nervous system and the brain to produce pleasurable effects and thereby relieving pain. Exposure to opioids often leads to addictions as more and more amounts are required for the patients to feel the same effect. In the United States, drug overdose is a major cause of accidental deaths, with opioid addiction being among the chief drivers of this epidemic. Among the 20.5 million Americans aged 12 or above who had a substance addiction disorder in 2015, 10% reported a substance disorder that involved the opioids pain relievers. Hence, since many addicts get exposed to opioids through physicians' prescriptions, unethical and reckless marketing, medical malpractices, and doctors' preference of opioids as a pain management medication, the widespread opioid addictions can be presumed to be a doctor’s fault.

**Research Question**

The study was primarily guided by one research question: can opioid addiction be considered the doctor's fault? Given the vast extent of the role of doctors in society, research on opium addiction with a focus on doctors is essential. Through this, a researcher will expound on their contributions to this addiction, if any, and their position in preventing and eradicating these addictions.

**Methodology**

Research on clinicians' contribution to opioid addictions required a broad scope of both quantitative and qualitative data. Due to a lack of adequate qualitative data on this topic, quantitative data from scholarly articles, newspaper articles, and governmental and other relevant organization articles were used. To evaluate the validity of the data from these sources, an in-depth comparison and contrasting of these sources was essential. For instance, among the three sources, 95% of them profoundly elaborate on how and why it is true that doctors have significantly contributed towards the increasing opioid addictions through examples of court proceedings, case studies, surveys, and quantitative data from government and other reliable organizations' statistics. Besides, the qualitative data facilitates the production of contextual real-world information and knowledge on behaviours, shared beliefs, and the social structure of a distinct group of people. In this research, comparison and contrasting of the credible and non-credible sources and personal knowledge is essential to avoid using unreliable data.

**An appropriate and systematic method to research on this topic**

Questionnaires and surveys are the most reliable methods that would be appropriate to research on this topic. Sadly, these methods are time-consuming, expensive and require intensive labour. Due to these shortcomings, a review of secondary data is the best alternative. This can be achieved by reviewing relevant newspaper materials, websites and scholarly articles independently, highlighting the reliability and findings from each source and developing conclusions based on these findings.

**Quality of information Used**

This research used data from relevant websites, scholarly articles and newspaper articles. Although the three groups of sources of information commonly argue that doctors are, to a greater extent, to blame for opioid addictions, 75% of the sources use qualitative data, hindering the evaluation of the scope of the physicians' contributions towards opioid addiction. On a positive note, the newspaper articles used avail relevant information from court proceedings, daily events, interviews from the relevant stakeholders, and surveys. On the other side, 60% of the scholarly articles and websites use quantitative data from surveys and research statistics, making them reliable and efficient in assessing the extent of physicians' contributions towards opioid addictions. Besides, all the sources of information lack statistical data on the number of patients with opioid addiction due to medical malpractice or the exposure of patients to opioids as an appropriate pain medication.

**Literature Review**

 Exposure of patients to opioids by doctors during medication consequently leads to addictions. A significant number of patients experience their initial exposure to opioids in the course of their hospital stay. Although physicians link opioid addiction and withdrawal with continued use of the drugs for a long time rather than the short-term prescription, the inpatient admission treatment, and discharge, the first exposure in their hospital stays ultimately exposes patients to withdrawals and possible addiction (Mehra, 2018). For instance, from Dolman et al. up to 51 per cent of surgical and non-surgical patients in the United States are prescribed opioid medications in the course of their hospital stay, and patients with a high prescription of morphine-equivalent doses are more likely to engage in misuse of opioids after discharge from hospitals (2010). Nevertheless, the current tracking solutions in the United States monitor the outpatient exposures reported to the state prescription drug monitoring programs (Polansky, 2019). This often lacks comprehensive, accurate, and timely data on outpatient exposures, leading the physicians to make uninformed choices in prescribing opioids for the patients who seek help in their facilities. Goguen (2020) argues that once a patient generates pain medication addiction, it is very challenging to stop them from consuming the drug. Although a considerable number of patients can, through the appropriate guidelines, break pain medication addiction on their own, it can be challenging for some to do it on their own (ASAM, 2020). A number of the patients resort to alternative drug misuse in an effort to self-medicate, leading to addictions.

A considerable proportion of the widespread opioid addictions can also be linked to medical malpractices. Often, medical malpractice arises as a result of medical negligence. Medical negligence refers to a health care provider's failure to practice the necessary degree of skills of a health care provider who exercises the provider's speciality considering the advances in the available resources and the provider's profession (Kattimani and Sharma, 2019). In some cases, physicians prescribe opioid medications to patients with drug-seeking behaviour or those with an addiction history intensifying the addictions further. Additionally, the physicians prescribe opioids to patients even when they are no longer required or when the opioids are less risky alternatives.

Similarly, WEAU (2020) argues that doctors' medical malpractice has significantly contributed to the immense growth of opioid addictions. For instance, in July 2020, a retired Cadott physician agreed to pay $70,000 to settle civil allegations on violation of the Controlled Substances Act through controlled substances such as opioids prescription outside the extent of professional practice indicating the probability of widespread medical malpractices (WEAU, 2020). Additionally, Lembke (2012) points out that up to 60 per cent of the currently abused opioid are obtained from doctors' prescriptions either directly or indirectly. In a considerable number of this cases, the physicians are fully aware of the patients' abuse of the opioid medication or diversion into other non-medical use but prescribe them anyway as a result of changes in cultural trends on suffering, developments in pain treatment philosophy, and the addiction treatment financial disincentives.

Lack of adequate and effective follow-up and patient monitoring activities by physicians has also contributed towards the development of this addiction. Continuous intake of opioids by patients enhances the development of a tolerance to the drug, thereby forcing the patient to consume more and more quantities of the prescription to experience the same effects. In numerous cases, physicians fail to monitor the patients carefully when taking the prescribed opioid medication. For instance, doctors do not consider the impulse of the withdrawal effects on the patients after the termination of opioid pain medications (Dolman, 2018). Once the prescription for opium by physicians ends, the patients are left with addiction. Since the patients no longer have a legitimate reason to use the drugs, they resort to illegal alternatives within the same drug category, such as heroin (Dolman, 2020).

Over the years, a higher dose of opioids has been considered a reasonably good pain management practice by physicians. In the process of prescribing opioids, it has been reported that numerous unscrupulous doctors prescribe opioids quantities in clinics and storefront, also known as "pill mills" (Veloso, 2020). In a considerable number of cases, the physicians prescribe the opioids after asking a few questions, require no follow up and maintain a few patients' records. Consequently, these patients may develop an addiction or, thus, become drug-seeking. Veloso (2020) argues that in research conducted in the California "Pill mills," a considerable number of customers buying opioids from the clinics are people looking for alternatives to get high. A significant number of these people regularly bought the opioids until they could no longer afford them (Rivermend,2020). Although the federal Drug Enforcement Administration (DEA) has consequently closed numerous pill mills, these clinics have left their customers desperate and addictive.

The unethical and reckless marketing of opioids has had enormous contributions towards the precipitating opioid addictions. Over the years, numerous doctors have stressed the benefits of opioid medication while putting little or no emphasis on the side effects leading to increased consumption. For instance, between 1997 and 2002, there was a rapid increase in opium prescriptions with fentanyl, oxycodone, and morphine rising by 226%, 402%, and 73%. Over the same period, visits to the emergency for oxycodone, fentanyl, and morphine rose by 346%, 641%, and 113%, indicating that opioid addictions have significantly increased due to physicians' emphasis on the benefits of the opioids (Keene, 2020).

 Throughout the 19th Century, some physicians championed against the use of opioids and other pain remedies, arguing that pain indicates physical vitality and crucial to the healing process (Lembke, 2012). Subjective pain experience prioritization in the modern world has been reinforced by the emerging practice of regular patient satisfaction assessment. Patients participate in surveys on the care they receive, including how often the physicians have addressed their pain. Although this would help prevent addictions, the impulse of lack of follow-up activities, medical malpractices, and marketing of opioids by other doctors is still rampant.

**Findings**

The literature reviewed in this research illustrates that although some doctors have, at some point fought against the use of opioids as pain relievers, generally doctors have immensely contributed towards its use and thus the addictions. It is evident that a considerable number of addicts were introduced to opioids by doctors and consequently developed addictions. Besides, the medical malpractices whereby some doctors prescribe opioids for non-medical use have also intensified the rate of addiction. Other ways through which doctors have contributed towards opioids addictions are; lack of effective follow-up and monitoring for patients subjected to opioids as pain relievers and the misguided opioids advertisements.

**Conclusion**

 Doctors have significantly contributed to the growing opioid addictions in the world. This addiction has been as a result of medical malpractice whereby doctors prescribe opioids for non-medical use, emphasis on opioid prescriptions as a pain medication which consequently leads to addiction, lack of control and follow up activities to ensure that patients exposed to opioids for pain medication do not develop an addiction, and marketing of opioids. The government and physicians should invest in research and development to establish effective alternative methods of pain management to prevent exposure of patients to opioids and thereby prevent addictions.

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